South Carolina Department of Mental Health

Annual Report 1994-1995

DMH South Carolina Department of Mental Health

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Interim Director of Mental Health

MISSION STATEMENT
The men and women of the S. C. Department of Mental Health, in partnership with consumers, families and their diverse communities, will assist citizens with mental disorders to improve the quality of their lives.

Dear Friend of Mental Health:

The following pages reflect a year of significant challenges and accomplishments for the Department of Mental Health. Because of the partnerships we have forged with consumers, families, advocates and policy makers, DMH staff have greatly increased the availability and quality of community services for the state of South Carolina.

We are a large and complex health care organization, beset by the same fiscal and policy demands that confront all health care providers in the 1990s. Our strength is the clarity of our vision and our commitment to quality care for persons with persistent and serious mental illnesses, for children who have serious emotional disorders, for persons who have substance abuse disorders, and for those citizens of our state who have a mental illness and also require skilled nursing home care.

During the year, as this report details, we have increased community services while maintaining the highest standards at our hospitals. We have managed our resources well, avoiding the need for lay-offs or service closures.

We should note that at the close of the year, Dr. Joseph J. Bevilacqua, State Director since December 1985, announced his resignation from DMH. Much of the success of this fiscal year is attributable to the vision and leadership provided by Dr. Bevilacqua since he came to South Carolina. I know I speak for the Commission, for the staff of DMH, for the consumers, families and advocates when I dedicate this annual report to his service to our state.

John A. Morris, MSW
Interim State Director

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Overview of the S.C. Department of Mental Health

To provide mental health services to the citizens of South Carolina in an efficient and effective manner, the S.C. Department of Mental Health is divided into the Division of Clinical Services, five major administrative divisions and five offices as well as five special services divisions. (see SCDMH Organizational Chart, page 40).

The Division of Clinical Services has two major divisions—the Division of Community Mental Health Services and the Division of Inpatient Services.

Under the Division of Community Mental Health Services, the state is divided into 17 geographical areas called catchment or service areas, with a comprehensive mental health center located in each area.

Each center is governed by a local administrative board that operates within policies and guidelines set by the department. These centers serve the state's 46 counties through main facilities and a network of clinics and outreach programs.

Nine major inpatient facilities compose the Division of Inpatient Services.

The community mental health centers serve as the entry point into the state's public mental health system. However, when a center's resources cannot meet a patient's needs, the center refers that patient to one of the Department's inpatient facilities.

The Department of Mental Health is governed by the seven members of the S.C. Mental Health Commission, who are appointed for five-year terms by the governor, with the advice and consent of the state Senate.

S.C. Department of Mental Health Mission Statement

OUR MISSION

The men and women of the S.C. Department of Mental Health, in partnership with consumers, families and their diverse communities, will assist citizens with mental disorders to improve the quality of their lives.

OUR PRIORITIES

The department will give priority to adults and children with serious mental illnesses and serious emotional disturbances and will fulfill its legislative mandates. We will work cooperatively with other agencies, both public and private, to assure continuity of services based on the needs of the individual.

OUR VALUES

Respect for the Individual

We believe that the people we serve have the right to personal dignity, respect and the highest possible degree of independence. We are committed to services that promote the individual's quality of life, focus on the individual's strengths, foster independence, and honor the rights, wishes and needs of the individual.

Support for Local Care

We believe that people are best served within their home community. We are committed to the availability of a full and flexible range of coordinated services with the community as the primary focus of care, and services that appropriately meet the needs of the individual in the most normal environment possible. We are committed to programs which build upon the local support provided by family, friends, other agencies and the community, and which offer employment, leisure, learning, residential and psychiatric/rehabilitation services within this supportive framework.

Professionalism and Commitment to Quality

We believe that we should encourage and reward excellence. We will create a work environment which inspires and promotes innovation and creativity, supports education and research, and continually seeks more efficient and effective ways to provide clinical and administrative services. We are committed to a skilled and ethical work force, culturally competent and dedicated to the highest standards of courtesy, understanding and respect. We will be an agency worthy of the highest level of public trust.

Major Accomplishments in Fiscal Year 1994-95

During FY 94-95, the S.C. Department of Mental Health served 90,492 clients in its 17 community mental health centers and 13,422 patients in its five psychiatric hospitals. The agency's total expenditures for FY 94-95 were $293,002,430.

Toward Local Care Initiatives

In keeping with its mission statement, the Department of Mental Health takes the view that most people who have a serious mental illness do better clinically when treated in the community.

People with mental illnesses need and require close family and community support. They get better faster and stay better longer when they receive services in their community, if these programs are reasonably funded, well organized and easily available.

To that end, through its Toward Local Care (TLC) and Transition initiatives, during FY 94-95, the Department continued to focus efforts on delivering services to people with serious mental illnesses as close to home as possible, rather than disrupting their lives by sending them to large, central hospitals miles away from home.

In two separate waves of programs from January 1, 1992, to October 27, 1995, 265 patients were discharged from inpatient facilities into TLC projects that have a total budget of $4 million. Of those, 74.3 percent remain in the programs; 9.1 percent returned to a hospital, 2.3 percent died, and 14.3 percent left for other reasons.

In the first TLC wave, 193 clients entered the community from hospitals into nine programs.

In a second wave during this past fiscal year, 44 clients were discharged to programs in six community mental health centers (Anderson, Charleston/Dorchester, Columbia, Greenville, Pee Dee and Piedmont). Five of the six programs were on target and within budget. Piedmont experienced some difficulty obtaining Homeshare providers; difficulties largely beyond the control of the project or the center.

Employment Opportunities for Clients

The Department of Mental Health improved community care by increasing employment opportunities commensurate with clients' interests, skills, and abilities for clients with serious mental illnesses. With Department assistance 533 clients were employed--44 in competitive employment; 195 in supportive employment; 182 in temporary employment; four in the central office; 91 in inpatient facilities; and 17 consumer affairs coordinators in the community mental health centers.

The Department received an employment grant, totaling $2.9 million over five years, from the Center for Mental Health Services. Santee-Wateree Community Mental Health Center was designated as the Department's pilot model employment services program. It will investigate alternative approaches to providing supported employment services within a community mental health center in a rural southern setting with a large African-American population.

The Department established a "Work In Progress" Task Force consisting of 15 representatives from state agencies, including Vocational Rehabilitation and the Department of Technical Education, as well as advocacy groups, DMH employees and

consumers. It has been established as a nonprofit 501(c)(3), and is meeting on a monthly basis to explore additional employment opportunities.

Cultural Competence Initiatives

The Department continued to implement a plan that is sensitive to the needs of minority clients and families and the Department's work force. A Cultural Competence Plan was developed and distributed to all departmental components, advocacy groups and interested others in September 1994. This plan is being promoted and implemented throughout the agency.

The Department sponsored a series of speakers on mental illness at the Cross-Cultural Conference in February 1995 with over 300 registrants, with an estimated 200 other participants. Those attending included federal and state legislators, DMH employees, local community mental health board members, and consumers and family members.

Other cultural competence activities developed during FY 94-95 include a plan requiring "every employee to be rated on the performance characteristic of cultural competence" in all performance evaluations beginning July 1, 1995; establishing policies to mandate the inclusion of cross-cultural representatives when deciding locations of facilities; establishing service hours, and determining design, size, and interior decoration of facilities; and designing appropriate marketing strategies specifically for groups of color served by the agency.

Quality Work Teams

Three quality work teams were established during FY 94-95 to review department-wide issues. One team is examining the hiring process to improve time frames and design strategies to address difficult-to-fill positions. One team is reviewing the role and function of the central office. Another team will examine the DMH supply system in a community based setting. In addition, both the Quality of Worklife and the Employee Satisfaction and Productivity Teams continue to be functional and productive in examining employee and productivity issues.

The Department is finalizing a set of indicators that reflect the agency's mission and objectives to include measurements of the operations and how to determine variations. These "dashboard indicators" include Adverse Incidents (deaths, suicides, assaults, patient abuse); Financial/ Budget Indicators (gross billings, employee salary costs, budget vs. expenditures); Admissions Indicators (acute care admissions per 100,000, length of stay for acute care facilities, length of stay vs. admission rates per 100,000); and, System Indicators (employee misconduct).

Services for Children, Adolescents and Their Families

The Department, along with a number of other state agencies including Department of Social Services, Department of Juvenile Justice and the Continuum of Care, has implemented the Emotionally Disturbed Children's Fund Proviso. Statewide implementation of the program occurred with all 17 community mental health centers establishing a proviso committee.

Wraparound services for children increased by 250 percent in FY 94-95. With the establishment of a Family Preservation program in Charleston, the Department now has programs in 17 counties. Plans are to develop family preservation programs

in four more counties (Lexington, Berkeley, Spartanburg and Greenwood) in early FY 95-96.

The number of center staff providing school-based services increased from 25 to 60 working full-time in schools at the end of FY 94-95.

Services for Developmental Disabilities

The Intermediate Care Facility for the Mentally Retarded at Crafts-Farrow State Hospital developed a handbook entitled Employees Standards for Excellence; initiated an in-house pre-services training for new employees to enhance competency; and developed an internal Quality Improvement Team to monitor and evaluate programs on a continuous basis. The service will seek Commission on Accreditation of Rehabilitation Facilities accreditation next fiscal year.

Regarding liaison activities with the Department of Disabilities and Special Needs (DDSN), staff provided consultation on individual clients to various mental health centers and inpatient facilities as well as to DDSN boards and regional centers. Staff also provided training on "Assessment of Psychiatric Disorders in Clients with Mental Retardation or Other Developmental Disabilities" to staff from mental health centers, DDSN boards, special education teachers from Richland County School District #2 and Kirkland Correctional Facility social work.

Regarding services for Deaf and Hard of Hearing People, the past 12 months saw the opening of the J. Charlie McKinney Residence in Mauldin. Ten deaf people moved from highly restrictive living situations to this community setting. The cost of maintaining and supporting these people declined from over $1 million in FY 93-94 to less than $200,000, which was completely covered by Medicaid reimbursement.

Currently, 10 full-time and four part-time outpatient counselors work with deaf people statewide. In addition, at the inpatient unit at Harris Hospital, there are six full-time and eight part-time positions working with deaf people who have psychiatric or substance abuse problems. Statewide, 330 deaf people received services during the year.

Homeshare services were established at the Lexington County Community Mental Health Center, allowing deaf people with severe psychiatric disabilities to move from an inpatient setting to a supportive family environment with host families who are deaf themselves and where communication restrictions are less of a barrier.

A statewide TTY emergency system was installed, allowing deaf people in crisis to call for assistance 24 hours a day, 365 days a year. The system receives approximately 10 to 20 calls per month.

Services for Elderly/Long Term Care

The Statewide Prevention Conference was held Oct. 24-26, 1995, focusing on prevention and onset of disease and disability or high risk behaviors resulting in avoiding duplication of services, cataloging all prevention efforts, increasing cost effectiveness of combined services and identifying gaps in service.

The Department will join 14 other state and private agencies in the support of the Alzheimers and Related Disorders Resource Coordination Center Advisory Council to coordinate Alzheimers activities, provide leadership and technical assistance to public and private agencies, and provide information and referral services to caregiver family members.

A De-escalation Care standard was implemented within the mental health

centers, designed to remove a client from a deteriorating environment for one to seven days while staff mediate with the client and caregiver.

A survey was completed of geriatric specialists and their perceptions regarding service systems and service sites for community geriatric services over the next three years. Results pointed to a need to provide quality training in both Basic and Advanced Geriatric Specialty to people with three years to less experience while using those with 13 or more years to provide them mentoring, education and training.

Consumer Affairs

The Department's Office of Consumer Affairs, an office that is only one year old, focused on providing consumer/peer leadership in planning and policy-making meetings with senior management and provided leadership and support to individuals and families served by the Department. The office also identified areas for program development—defining education and training guidelines for consumers seeking employment; developing a statewide managed care initiative to assess consumer satisfaction with the Department's care, treatment and support services; enhancing the Department's Continuity of Care initiatives and consumer quality of life with a prototype Advance Psychiatric Directive instrument; and supporting voter registration of staff and consumers.

Housing Initiatives

We achieved a 29 percent increase in housing units for consumers this year. Approximately 140 units were funded since the beginning of FY 94-95. We established five units in Gaffney and 20 units each in Boiling Springs, Winnsboro, and Camden.

The Department developed a Housing Advisory Task Force to advise on housing development and access as well as on tenant and service issues. The Task Force includes staff from DMH, mental health centers, housing not-for-profits, and advocacy and consumer representation.

Administrative Services

Physical Plant Services was busy with department sponsored capital development plans, assisting in architectural and land selections; negotiating projects through various Budget and Control Board requirements and managing projects to completion. These projects included: completing a new facility for Waccamaw Mental Health Center; constructing Tri-County Mental Health Center's Chesterfield satellite; designing Pee Dee Mental Health Center's Lake City satellite; constructing a new Coastal Empire Mental Health Center and satellites in five of its counties; partially completing the Dorchester Satellite of the Charleston-Dorchester Mental Health Center and searching for sites for a main center; constructing a satellite in Manning for the Santee-Wateree Mental Health Center; acquiring land for a main office and two satellites for Orangeburg Area Mental Health Center; constructing a Laurens satellite and selecting land for a Newberry satellite for the Beckman Mental Health Center; selecting a site for a new Spartanburg Area Mental Health Center; designing a Lancaster satellite for Catawba Community Mental Health Center; designing a new facility in Simpsonville for the Piedmont Mental Health Center; identifying land for a main center for Lexington County Community Mental Health Center; and renovating Independence House for Columbia Area Mental Health Center.

The design and layout of the production center for a Cook/Chill Food Delivery System were submitted and approved. Equipment needs were specified and approved, and all Nutritional Services employees participated in an orientation to Cook/Chill.

Communications

A Communications Council was established with the objective to improve internal communications by keeping employees informed on important issues and seeking ways to establish two-way communications. The council drafted a mission statement and will make recommendations to the Mental Health Commission in several areas—one of which concerns delegating the responsibility of coordinating communications to one staff member in each center and facility.

Office of Communications staff coordinated with the S.C. State Museum to produce an exhibit featuring the history of mental health care in South Carolina. The exhibit, "Changing Minds, Opening Doors: A South Carolina Perspective on Mental Health Care," featured the nearly 300-year history of mental health care and was on display at the museum from May 1994-May 1995.

Through a DMH grant, the Office of Communications published a book Puzzles, Pictures and Paper Airplanes to explain to children in the first, second and third grades what it is like to have a parent with mental illness. To date, over 3,000 copies of the book have been distributed to public and elementary school libraries, clinicians, pediatricians, school counselors and to miscellaneous requestors.

Approximately 8,480 volunteers, including 447 consumers, provided 184,775 hours of service, with a monetary value of $2,632,270.

General Counsel

The Office of General Counsel staff were involved with the National Association of State Mental Health Program Directors in providing input to the Social Security Administration on its implementation of regulations regarding Social Security Title II benefits for mental health department patients across the country who have been determined to be not guilty by reason of insanity or not competent to stand trial.

Two issues which have presented new legal questions this year have been the state's move toward managed care and the legislative proposals for restructuring the Department of Mental Health and its mental health centers.

Financial Services

The Patients' Personal Affairs Medicaid Outreach Program continues to maximize Medicaid revenue for inpatient children's services and has expanded to include the Children's Residential Treatment Facility. Work continues toward automation of activities to improve timeliness in establishing patients' eligibility for benefits.

The Community Mental Health Center Entitlement Specialist program increased the number of Medicaid-eligible clients served and increased the amount of Medicaid reimbursement received by the Department.

The Cost Development Section prepared and filed electronically 20 federally mandated home office and inpatient hospital cost reports.

For a second year in a row, the DMH met the Minority Business Agency goal.

The Policies and Procedures Section issued the Division of Financial Services Policies and Procedures Manual in May 1995.

Human Resource Services

The South Carolina Public-Academic Mental Health Consortium was awarded the 1995 Award for Exemplary Interdisciplinary Collaboration. This prestigious award recognizes outstanding collaboration programs whose intent is to improve the care of people with severe mental illness. The Consortium's goals, participants, cultural diversity, breadth (service, teaching, research), duration and outcomes were all considered a part of the nomination.

An in-house physician was assigned to Occupational Health Services to identify risks affecting workers' compensation and to provide post-employment physical assessment data for second injury fund.

A computerized reconciliation of all insurance accounts was established, but implementation was delayed due to insufficient computer capability.

University of South Carolina Department of Neuropsychiatry residency sites were expanded from one to 17 community mental health centers.

The Medical University of South Carolina Psychiatric Nursing faculty completed an evaluation of nurse utilization across South Carolina' public mental health system, examining issues in the community mental health centers as well as inpatient hospitals.

The Southern Human Resource Development Consortium finalized *Crisis Intervention for Adults Experiencing Mental Health Emergencies*, a comprehensive curriculum developed to prepare mental health professionals to intervene in crisis situations with adults experiencing mental health emergencies.

Public Safety

The Office of Public Safety worked closely with the Office of Quality Improvement to develop a more accurate way of reporting patient abuse investigations. Public Safety Investigations Sections investigated over 500 cases involving allegations of criminal and/or policy violations, resulting in the recovery of over $18,000 in cash and stolen property

The Office of Public Safety also successfully completed the transition to the 800 State Radio System. This system will eventually give Public Safety the capability of communicating with law enforcement agencies and public service utilities throughout the state.

Major S.C. Department of Mental Health Goals for FY 95-96 are to:

* develop a comprehensive and long-term plan on managed care which will provide strategy, guidance and direction for the agency, its providers and consumers;
* consolidate Crafts-Farrow and S.C. State Hospital and other inpatient services to increase efficiency and effectiveness and ensure ongoing quality of care;
* ensure the continuance of planned, systematic development of the community mental health system;
* strengthen interagency coordination and collaboration and
* improve the stability of the agency's fiscal base.

Division of Community Mental Health Services

Aiken-Barnwell Mental Health Center
(Aiken and Barnwell counties)

The center hired a child psychiatrist, expanding and improving children's services in Aiken and Barnwell counties. Bridging Valleys, the center's short-term crisis stabilization and TLC transitional bed facility, opened in October 1994. Three clients from State Hospital moved into the facility where they received services to enable them to move into independent housing. The facility's two emergency beds are being used increasingly for those who otherwise would have required short-term inpatient care at Bryan Hospital.

A new substance abuse dually-diagnosed therapy group was planned to begin in September 1995.

There was a monthly average of 213 admissions/readmissions, a 13 percent increase over FY 93-94; an average of 1,200 clients treated monthly, an increase of 17 percent; and a total of 62,767 client contacts, a 7 percent increase.

Admissions to inpatient hospitals remained the same as FY 94-94 (218 at a rate of 142.0 per 100,000 population). Readmissions also remained the same (105 at a rate of 48.2 percent). True inpatient bed days to inpatient hospitals decreased from 16,582 to 15,872.

The center ended FY 94-95 with a significant deficit, despite fairly close monitoring of the data. Contributing factors included: an unintentional over-projection of revenue estimates; the inadequacy of the center's internal monitoring reports that were disrupted when the center switched to a new computer software system; management's failure to recognized that clinical staff would need help to identify ways to increase their billable time; and failure to back-bill identified claims to third-party payers (a result of re-preoccupation with switching to the new computer system).

The center put a hiring freeze into effect and began reorganizing and refining its service delivery system, incorporating positive managed care principles.

Goals for FY 95-96 are to:

* pursue construction of a new centralized facility in Aiken and leasing of a more adequate facility in North Augusta;
* implement and expand dually-diagnosed treatment groups;
* further implement and refine managed care principles;
* implement and refine a more effective and sensitive management monitoring system; and
* assist staff in finding effective ways to increase direct service billable time.

Anderson-Oconee-Pickens Mental Health Center
(Anderson, Oconee and Pickens counties)

The center's caseload rose to 4,712. This figure includes 1,358 (29 percent) children and adolescents and 2,167 (46 percent) chronically mentally ill persons.

Services were delivered at 12 different sites, not including emergency rooms, law enforcement centers and an eight-week summer program for 100 children which utilized local parks and recreational sites.

The center extended services to after hours and weekends. This expansion was accomplished with a staff of 109.

The TLC grant was funded, and 11 consumers transferred to the community.

A state-of-the-art telephone system was installed.

Child and adolescent staff were employed and placed at Department of Social Services offices in Oconee and Pickens counties.

The Oconee and Pickens clinics added Entitlement Specialists.

School-based programming was expanded from 20 to 31 schools.

The local housing authority offered additional housing for the chronically mentally ill and a new three-bedroom house has been promised.

The local Mental Health Center's Grant Application for a 12-unit apartment complex was not funded; however, it has been resubmitted.

The center's budget did not allow for the construction of separate child and adolescent facility.

The state legislature did not fund the Wilderness Camp.

In spite of the fact that the center's Medicaid revenue increased by $100,000, the center's deficit rose for the third consecutive year. This has been due largely to unfunded state mandates, a disproportionate share of state dollars, and a catchment area with the smallest percentage of citizens who are Medicaid eligible.

Our administration has left staff vacancies unfilled, reduced travel, closed its nonmedical crisis stabilization unit, changed intensive case managers to regular case managers and laid off all temporary employees. Without additional financial support, the center will have to lay off additional staff and cut additional services.

Goals for FY 95-96 are to:

* balance the budget;
* research inpatient admissions to increase hospital diversions;
* reduce inpatient admissions;
* cooperate with the Region B Initiative in moving toward a managed care model of service delivery;
* continue expanding services by volunteers; and
* continue monitoring our brief therapy building on the excellent progress made in this direction.

Beckman Community Mental Health Center
(Greenwood, McCormick, Saluda, Edgefield, Laurens, Abbeville and Newberry counties)

On July 1, 1994, a new executive director was hired following the retirement of both the executive and assistant director.

The board, staff and management sought to adjust to new styles, visions and relationships. More active supervision was developed between the center director and satellite coordinators.

A 17-member management team was broken down into executive management and clinical management groups. Satellite clinic managers were coached toward more participatory leadership within their own settings while certain of their direct service responsibilities were delegated to their staff.

Groundwork was laid for the introduction of Total Quality Management concepts which were presented to the entire staff in January 1995.

Beckman developed a formal mission statement as follows:

The Mission of The Beckman Center for Mental Health Services is to provide appropriate mental health services to the citizens of Abbeville, Edgefield, Greenwood,

Laurens, McCormick Newberry and Saluda Counties.

The Center will provide services that are accessible, effective and in the least restrictive environment.

Priority is given to (1) the seriously mentally ill, (2) emotionally disturbed children and their families, and (3) the general population as resources allow.

Beckman Center will collaborate with community agencies, schools and hospitals to promote improved services to our clients and to create additional resources to help meet their needs.

The Center will involve itself in promoting a quality of life that enhances the mental health of the people of this area.

A new center brochure was developed clearly stating the mission and the range of available services.

The center is emphasising group work, replacing the infinite individual therapy for non-seriously mentally ill adults with brief individual counseling and group sessions. Consultation efforts and/or referral are replacing individual therapy for non-seriously emotionally disturbed children.

Psychosocial Rehabilitation programs and collocated services for children were given priority, resulting in a projected increase in total number of clients served—7,342 for FY 95 as compared to 4,979 in FY 94.

The change in focus and improved monitoring of case loads may account for a projected 20 percent decrease in total service contacts. This may have also been affected by shifts in staff utilization and some decrease in hours of outpatient availability. Still, Beckman projects approximately 100,000 hours of direct service provided.

FY 95 saw all of Beckman's service area come under the Children's Proviso, thus refocusing identified priorities in Child and Adolescent programs. By March 1995, all seven county teams were successfully established. C&A programs continue to develop partnerships to create school-based programs.

Clubhouse programs in Newberry and Greenwood were completed and/or relocated. All clubhouse staff as well as all satellite directors received the DMH sponsored psychosocial rehabilitation training. In addition to the newly begun weekly RPT groups in all areas, two full-time RPT programs were established—a five-day group in Laurens and a three-day group in McCormick which became a five-day program in February 1995.

Construction of the 4,000 square foot Laurens Mental Health Clinic began in May with projected completion in October 1995.

In an ongoing goal to reduce incidents of psychiatric admissions to DMH inpatient facilities, Beckman Center was the only Region B center to show a reduction (9.5 percent).

During the year, each clubhouse identified a job coach to work with the employment specialist to promote work opportunity. At the end of FY 95, the Employment Program had nine consumers employed in seven temporary positions. Fifteen consumers were performing contract work, salaried through with a special account.

In March 1995 the transition from the WANG to the LAN computer systems was effected. Administration now has Windows availability and is on line for E-mail. With all satellite clinics equipped with FAX machines, administration has improved communications between DMH and field programs.

Reestablishing quarterly All-Staff Training and Development Days also in-

creased staff communication and interaction. Enhanced communication continues to be a priority due to the extreme geographic spread of our personnel. Installation of "suggestion boxes" in all satellites will be completed early in FY 96. Selected stations will go on line with the Internet during the second quarter of FY 96.

Major goals of the center for FY 95-96 are to:

* continue growth of psychosocial rehabilitation efforts and to develop additional group therapy opportunities;

* revise and improve procedures for the Adolescent Day Treatment Program and to replicate the program in at least one additional county;

* to continue building employment opportunities and to address the issue of housing opportunities for consumers; and

* to explore managed care issues and their impact on the center.

Berkeley Community Mental Health Center
(Berkeley County)

Management and staff continue to evaluate clinical programs in order to offer services which address the specific needs/concerns of each client. We increased the number of groups which provide goal-oriented, time-limited treatment. Attention to outcome measures has become important in the planning and evaluation process.

Clinical and administrative staff are implementing practices which have increased the collection of revenue from self-pay, Medicaid and other sources.

Child and Adolescent Services have been expanded by conducting therapy groups in several schools. Additionally, a day treatment program, a full-time school-based counselor and two child psychiatrists provide treatment in the schools.

Staff from the center and the Berkeley County Drug and Alcohol Commission meet regularly to discuss treatment options for individuals who have a substance abuse problem. More comprehensive assessments are completed because staff from the Commission are available at all hours for consultation.

Major goals for FY 95-96 are to:

* continue program evaluation and planning with primary goals to improve quality of care and to operate business in the most cost effective manner;

* continue to be responsive to changes in the health care delivery system—locally, statewide and nationally;

* continue to expand school-based services;

* implement a family preservation program;

* work with Berkeley County Drug and Alcohol Commission to reduce inappropriate hospital admissions/commitments for alcohol and drug treatment;

* continue to develop treatment options which address specific treatment goals;

* continue to develop and evaluate outcome measures; and

* complete plan of supervision for all center employees.

Catawba Community Mental Health Center
(York, Chester and Lancaster counties)

The Catawba Community Mental Health Center provides services for approximately 219,000 residents. The comprehensive center has administrative offices in Rock Hill, and clinical offices in Chester, Lancaster and Rock Hill.

The center employs 101 permanent and part-time staff. Over 2,350 open cases

are maintained with a budget of $4,360,658. Budget sources are 41 percent state, 6 percent block grants, 3 percent county, 49 percent Medicaid revenues and other fees, and 1 percent other grants.

Psychiatric admissions have been reduced by 10.4 percent. Strategies are being developed that should eliminate adult admission rates by at least another 15 percent. Alcohol and drug admissions have been reduced by 20 percent and will be reduced by another 10 percent when funds permit.

Intensive case management teams have been developed in Chester and York counties. As soon as funds are released, a team will be developed in Lancaster County.

Grants are being written seeking funds to develop additional housing alternatives in all three counties. A HUD grant was submitted in July 1995 for a 23-unit apartment community in Chester. There has been no response to date.

A seven-day, 24-hour emergency services program with face-to-face intervention was put in place in Lancaster County in October 1994 and in Chester County in August 1995.

Eleven York County consumers were placed into employment. Strategies were developed to deal with the lack of transportation by hiring and training consumers and by assisting consumers who are eligible for Medicaid to secure benefits that would allow them to use Medicaid transportation.

Strategies have been developed that will improve the ability to do more community-based outreach, which includes hiring case managers when allowed by DMH.

Strategies have been developed that would allow the establishment of larger community-based crisis alternatives. Necessary funds to implement those strategies are not available at this time.

Physicians and clinicians will meet Sept. 14, 1995, to write a plan of operation to increase the efficiency and effectiveness of clinical programs centerwide.

Chester and York counties have a Family Preservation Program in place. Although two grant proposals were denied to fund this program in Lancaster County, they continue to develop strategies to implement the program when funds are available.

Strategies are being developed to establish community-based crisis stabilization alternatives, when funds are available. Contracts are in place with the boys' home, girls' home and hospitals.

Meetings have taken place with other child and adolescent agencies to develop strategies to allow the provision of "extra curricular" programs in all three counties.

Service needs for foster families increased 50 percent, and strategies were developed to provide them more support services. In all three counties, at least one clinical person works with foster families; others will be hired when funds are available.

There was an increase from 1.5 to 3 full time school-based therapists in Chester County, and there is one in York County. Through a USC Research Project, two student interns work in Chester County and two in York County. There are no school-based services offered in Lancaster County at this time. Positions have been identified for Lancaster and York counties and will be filled when funds are available.

In collaboration with schools, negotiations are under way to implement day treatment programs for children and adolescents. As an alternative to a planned school curriculum, York County offers the Cities in Schools program, which has been in place for several years. Beginning with the 95-96 school year, Chester County has a similar program in place. Other components are to be added after the current year.

There is no Cities in Schools program in Lancaster County at this time.

A system for making referrals, staffing and service delivery for special needs of children and adolescents was developed to meet most of the requirements for the Proviso. Wraparound services through the use of local service providers and other community resources involving such components as Behavior Aides and "Shadows" have been developed. Progress has been made in this, particularly in York County. Due to the lack of centerwide coordination, appropriate staff and area funds, wrap-around service development has not occurred on the same level in Chester and Lancaster counties. Strategies are being developed to eliminate this problem.

Administrative and support staff were reorganized, increasing efficiency and effectiveness in support of most clinical programs. The new DMH Client System accelerates collection of Medicaid, automates back billing and generally improves collection efforts. York County Adult Services are now equipped to gain access to the system more readily.

A Cultural Competence Committee was developed with representatives from all three counties to help in the quest to make this center culturally competent as defined by DMH.

A public education program was implemented through a public speaking program that reaches out to school children, adolescents and adults.

Goals for FY 95-96 are to:

* expand Intensive Case Management programs in each county office;
* increase physician coverage in all three counties;
* employ at least one full-time child and adolescent psychiatrist; fill all existing clinical vacancies; and increase coverage at all offices by at least one full time nurse;
* implement the Proviso in all three counties;
* develop early childhood treatment;
* establish and improve relationships with agencies serving children and adolescents;
* evaluate child and adolescent summer camp programs of FY 94-95 to develop and implement positive changes;
* increase the daily attendance of all RPT programs by at least 25 percent;
* develop and implement strategies that will increase the number of working consumers in all three counties;
* reduce admissions to inpatient psychiatric facilities by at least 15 percent;
* reduce admissions to inpatient alcohol and drug abuse facilities by at least 10 percent;
* have an Intensive Case Management program in place in Lancaster County by November 1995; and
* have a Family Preservation Program in Lancaster County by January 1996.

Charleston/Dorchester Community Mental Health Center (Charleston and Dorchester counties)

The Charleston/Dorchester Community Mental Health Center continued to increase services to its priority clinical populations—adults with serious mental illness, seriously emotionally disturbed children, and to persons with major psychiatric emergencies. However, the community's requests for services continued to outstrip the center's resources.

The caseload of the center increased to 3,400, a 13 percent increase over the one-year period.

The budget of the center increased to $11,400,000--the increases coming from Medicaid fee-for-service revenue, federal grant funds for a special children's project, and allocated funds for a small supervised residential facility for geriatric mentally ill persons. The center ended the fiscal year with essentially a balanced budget (a deficit of one-half of one percent).

Staff rose to 236, a 14 percent increase over the previous year. Most of these increases were for services to children.

The center's "Village Project" for children, a nationally prominent federal grant, was on target in implementing goals.

The center participated in two other major grant applications—one for services to mentally ill homeless adults and a second for evaluation of the Village project.

Psychiatric admissions to DMH hospitals in Columbia again decreased substantially with the center being the state leader in this important area.

A major new billing software system was installed at the end of the year with resulting delays in billing and revenue. A new highly experienced director of computer services was hired.

Construction was started on a new Dorchester Clinic with a projected completion date of February 1996.

The center committed to a long-term lease of adjacent property for Dorchester group programs for mentally ill adults. Long-planned purchase of property for a new Charleston Center stalled for fiscal and site appropriateness reasons, and the center initiated a full review of this issue. Several program moves to new facilities were made to consolidate efforts and increase administrative efficiency.

The center fully complied with all audit recommendations and with DMH core component standards. The center was recognized for its leadership in "continuity of care" efforts, staff morale, and its array of adult and children's services.

The center developed a cultural competence plan; fully implemented the Village grant; expanded services in McClellanville; moved adult "day programs" to improved facilities; started construction of the Dorchester clinic (but not the Charleston Center); continued implementing the Dorchester supervised living program for geriatric mentally ill adults; and negotiated with MUSC to access "indigent" psychiatric beds.

Goals for FY 95-96 are to:

* complete and possess the new Dorchester Clinic and adjacent leased property;
* resolve a decision regarding the purchase of Charleston property; and
* develop plans for three pilot projects consistent with managed care efficiencies.

Coastal Empire Community Mental Health Center
(Allendale, Beaufort, Colleton, Hampton, and Jasper counties)

The Coastal Empire Community Mental Health Center continued to expand services and experience growth. Staff increased from 85 to 97 and the caseload increased by 23 percent (from 1,560 to 1,922).

Staff and clients are enjoying the three newly completed clinic buildings—Hampton, Allendale, and Colleton moved from old and cramped facilities into newly constructed buildings. In addition, substantial progress was made on the Beaufort and Jasper clinics with occupancy expected during September and October 1995.

The center expanded services to clients in the four clubhouse programs by increasing hours of operation from four days to four and one-half days, adding one-half day on Fridays. The center contracted with Beaufort-Jasper Mental Health Association to open a clubhouse program in southern Beaufort county. The Island House Clubhouse opened in January 1995 and serves clients from the Hilton Head/Bluffton area. Riverview Clubhouse received the award for Outstanding Clubhouse of the Year at the Annual Community Support Program Conference in February.

The center further developed client employment services by having a job coach work with members of the Riverview Clubhouse.

The center has employed a full-time child psychiatrist and increased the total psychiatric coverage from 3.7 to 5.8 FTEs.

The number of intensive case managers increased from two to seven by adding positions in Beaufort, Jasper and Colleton counties.

Services to emotionally disturbed children, adolescents and their families expanded, and a greater number and variety of groups have been utilized in our clinics.

The center has made substantial progress developing housing alternatives with construction underway of 12 apartments that the center, working with Beaufort-Jasper Mental Health Association, helped plan and secure funding. The first tenants are due to move into the apartments in December 1995.

Goals for FY 95-96 are to:

* move into modern office buildings in Beaufort, Jasper, and Hilton Head Island;
* further expand group services for clients;
* develop 24-hour non-hospital crisis stabilization available to the residents of the entire catchment area;
* use DMH adult inpatient psychiatric facilities at a rate not to exceed 100 per 100,00 population;
* provide a minimum of 10 hours of volunteer time per week to include drivers, case management assistants in each area with an emphasis in Hampton, Allendale, Ridgeland, and Hilton Head for clerical support time;
* computerize routine clinical and administrative tasks including at least the following—data entry, employee related information, vouchers, treatment plans, client scheduling; and
* develop a model school violence intervention program in the Estill school district (Hampton county) and in the Jasper school district.

Columbia Area Mental Health Center
(Richland and Fairfield counties)

Once again, Columbia Area Mental Health Center implemented an aggressive agenda expanding services to adults and children. Chief among these accomplishments was the opening of the Marshall Street Crisis Stabilization Facility. Between Nov. 28, 1994, and June 30, 1995, 301 admissions were made to this 16-bed program.

All of these people would have been admitted to inpatient care without the treatment that the dedicated staff of this facility provided. The program has enjoyed wide acclaim from the community, advocacy groups and consumers and their family members for the efforts of the staff in preventing hospitalization and in making the lives of people experiencing a mental health crisis better.

We also improved our crisis services by adding an on-call mental health profes-

sional who can provide telephone crisis intervention after regular office hours and on weekends, 24 hours a day.

The center significantly expanded services to children and families. Legislatively mandated reviews of children's need for out-of-home placements began this year in our catchment area.

Columbia Area staff who treat children took a lead role in evaluating the need for services and recommending to Protocol and Proviso interagency boards actions that needed to be taken to manage the problems these families face. This was a major undertaking and has resulted in an improved process for making decisions regarding levels of care and treatment.

The center hired staff in its Family Preservation Program, including a coordinator of this very successful program. We placed another individual at the Richland County Department of Social Services to provide treatment to children served by that agency. We entered into a contract and hired a therapist to work with Columbia College in its innovative grant.

Using the public school as the center of a child's community, comprehensive health and social services are provided in the Eau Claire Community. The center fully participates in this project, funded by the Kellogg Foundation, providing on-site mental health services to children and their families. Staff were also added or reassigned to serve elementary school children in Winnsboro and Eastover.

The center expanded services to chronically mentally ill adults. We made efforts to improve the housing available to consumers who live in substandard, private housing. We designed and distributed a brochure describing our efforts and provided this information to the community and our clients.

Staff worked to locate and procure housing, advocating for our clients. We also assisted other agencies to develop housing.

Ground breaking and construction have begun on the Friendship Center sponsored Dena Bank apartment complex in Columbia. The center will place 16 clients in this facility and support them with services.

With the assistance of DMH Toward Local Care funds, the center leased, refurbished and staffed a transitional living facility.

This Transitional Rehabilitative Residence, which is licensed as a community residential care facility, is home for six long-term S.C. State Hospital patients who could not live in the community without the assistance provided by the center.

The center established a Homeshare Program, taking patients out of long-term care and placing them individually with families in the community.

Again, the combination of good housing, caring supervision and center support services have allowed patients to become more independent citizens and community residents.

We had hoped to significantly expand services and housing for clients in the Winnsboro area. Funding was procured to build an apartment complex for disabled adults. However, Friendship Center, the recipient of the federal grant, was unable to find adequate property for the complex. Friendship Center hopes to find property in Lower Richland and use the approved HUD funds.

We had also hoped to expand the Dayspring clubhouse in Winnsboro. The prime contractor had initial difficulties finding investors. Problems with site preparation for construction followed. These issues constitute delays and not the end of this project.

We expanded the program providing specialized treatment to adults experienc-

ing severe behavioral disorders. We had hoped to bring more individuals into the program. A combination of clinical and financial complications restricted our ability to expand as quickly as we had hoped. However, this program has been highly successful in teaching self-management skills to the adults brought into the program.

The center contracted with Friendship Center to provide financial management services to a number of clients. This practical assistance ensures that clients' personal funds are managed in responsible ways and, for many individuals, plays a key role in preventing relapse and the need for inpatient care.

The center also completely reconfigured its entitlements program and recruited four individuals to assist eligible clients in obtaining Social Security and/or Medicaid benefits. This financial support allows many people to procure good housing, food and medical care.

During the year the center's Consumer Affairs Coordinator resigned. Extended negotiations with DMH regarding the proper classification of this position have delayed hiring a replacement. This issue has been resolved and the center hopes to fill this position soon.

Major personnel changes took place this year. The executive director's position, vacated in February 1994, was filled by the appointment of Judy Noffsinger as permanent director. The director of Children's Services position, vacant since 1993, was filled by Pete Liggett.

Adult and children's services have been evaluating our organization, service delivery and operating principles. Issues of large caseloads, deficits regarding internal and external continuity of care, responsiveness to the primary target populations for public mental health services, and other issues have been explored. Plans have been made over the last few months to reorganize children's and adult services to address these issues.

Plans for FY 95-96 are to:

* increase the number of individuals who will receive financial management services (a full year of entitlements work should bring significant benefits to the center in terms of accountability for service charges and to our clients' financial and social well being);

* serve more individuals through fruition of housing initiatives;

* expand services to the severely mentally ill adult population (expanding day programming at Brighton Hill, Milestones and Dayspring programs; developing a day program in the Lower Richland area to serve 25 individuals each day;

* recruit, hire and train additional intensive case managers;

* negotiate an agreement with the Richland County Detention Center to provide on-site services to the incarcerated population in need of mental health services;

* expand children's services by recruiting intensive case managers to serve severely emotionally disturbed children; by providing more outpatient services to children in out-of-home placements and providing the Children's Proviso Board with lower cost alternatives to group home placement; and

* thoroughly investigate options that will make us more efficient, reduce unnecessary bureaucracy and allow us to make better use of the funds provided to treat our target populations.

Greenville Mental Health Center
(North Greenville County)

The Greenville Mental Health Center saw much change in FY 94-95 and continued its commitment to the seriously mentally ill and children with a renewed interest in consumer-driven services.

The number of open cases dramatically increased by 26 percent from 2,412 to 3,038, while the rate of termination held constant. This increase outstripped the previous six years combined.

Individual contacts, a reflection of the total work accomplished, also soared by 26 percent to 129,650. During this year the number of employees increased by five to 94.

Much of the increased load was handled by restructuring supervision to include a psychiatrist responsible to each major center division resulting in increased accessibility to medical staff. A centralized scheduling system and an attitudinal shift accompanying the patient as consumer model also improved efficiency.

A Consumer Affairs coordinator was hired and is developing need surveys in conjunction with our Quality Assurance coordinator. A walk-in system of appointments effectively eliminated our waiting list in all but CAF services.

Other areas of restructuring included the selection of Al C. Edwards, M.D., as the center executive director midway through the year and the fusion of Adult and Emergency Services into Acute Care Services with emphasis on patient outcomes at the end of the year.

The mental health center started the year with a carry-over deficit of about $120,000 and addressed its causes in a variety of ways with real recovery seen during the last half of the year. Medicaid revenues increased by 34.7 percent for the entire year and by more than 55 percent during the last half of FY 94-95. With such a late recovery the center ended the year still in deficit but with hopes of balancing the FY 95-96 budget. Cost center analysis of the budget has not been a DMH priority and secondary to restrictions imposed, our center was unable to develop a more sophisticated way of cost tracking.

Every effort was taken to allow for our patients rights of self-determination, and the involuntary treatment option was a topic of a countywide symposium produced by our center during FY 94-95. This effort coincided with the center's overall emphasis on training and education as we also had medical students, residents, psychology interns, social work interns and nursing students rotate at our center during the year.

In an effort to better provide consumer services and curtail admissions to inpatient facilities, our NHIC program was used for observation and evaluation of those not strictly meeting emergency hospital criteria and Tindal House for six transitional clients opened this year. Needed respite care was not accomplished primarily due to financial considerations.

While using a minimum of private hospital days to artificially reduce the number of hospitalized, the Greenville Mental Health Center utilized 430 state facility admissions during FY 94-95. This is a total of 39 more admissions than FY 93-94. Although this appears to be a 10 percent increase, if one adjusts for the total number of open cases, it represents a 2 percent decrease. We believe the hospital rate should be adjusted for open caseloads, given that over 50 percent of all admissions come from that pool.

To use population guesses to figure hospitalization rates does not identify the

risk pool adequately. As it is anticipated that funding may be directly tied to admission rates, case management services did expand with the addition of two positions, but is still needed throughout all programs.

A TLC program was also developed, which provided support for seven long-term hospitalized seriously mentally ill clients in the community fully meeting the center goal. The TLC services were also provided to two other individuals needing such support. Three of the seven TLC clients are working part-time. Additional employment opportunities have been made available to seriously mentally ill clients with the successful placement of 39 clients in TEP, supportive employment and contractual job placements. One of these is employed as part-time van driver for the center in providing transportation services to other clients.

Children's Services enjoys the support of two full-time and one halftime child psychiatrist during the year. An Attention Deficit Disorder clinic was opened and is the only one of its kind in the upstate taking referrals from many avenues.

Two additional DSS-based counselors and a BabyNet position were established that provided services to at-risk children in an excellent interagency cooperation.

Three full-time staff were employed in the Family Preservation program making that program fully functional and targeting those proviso youths, selected DJJ clients and those not benefiting from traditional CAF services. School-based services were provided to Greenville County in four schools and a day-treatment program is now fully operational.

We are extremely proud of two of our employees who were given statewide recognition—Karen Tantillo was selected as the Outstanding Child/Adolescent Family Services employee and Stephanie Wirthlin as the Outstanding Intensive Case Management worker.

Goals for FY 95-96 are to:

* reorganize/expand nursing services to increase availability to center programs;
* expand case management services to all center programs for clients in need;
* perform a program evaluation of current services of the center in terms of cost, configuration, outcomes and productivity;
* evaluate options for after-hours services, looking at how services are provided and an effective process to smoothly coordinate with other local emergency services;
* perform centerwide work survey of clients to assess needs, current work status, and impediments to work; and
* address needs such as respite care for children through interagency cooperation.

Lexington County Community Mental Health Center (Lexington County)

The Lexington County Community Mental Health Center continued to develop and implement new programs and services for adults and children. This was accomplished by a significant increase in staff as well as expanded networking with other human service agencies in the county.

Two new Psychosocial Rehabilitation programs were opened in West Columbia and Lexington to serve severely mentally ill clients.

A new day treatment program was established for elderly clients in the Homeshare Program.

Property was purchased for the Community Mental Health Center and Friend-

ship Center HUD project.

The Mental Health Association operated psychosocial clubhouse program was opened in December 1994.

Satellite clinics were opened in Swansea and Batesburg/Leesville to serve adults, children, adolescents and their families.

A Non-Hospital Intensive Care Program began operation in August 1994.

Adult psychiatric admissions to state facilities were reduced by 34 percent.

Job placement opportunities for consumers were enhanced with the employment of two full-time employment specialists. Employment opportunities for clients increased both within the center and in the community at large.

A full-time medical director was appointed in May 1995, and clinical services in the Lexington County jail were increased and psychiatric services were provided specifically for the jail population.

Administrative and business operations were further reorganized to increase efficiency and effectiveness in supporting clinical programs.

Center revenues increased by 26 percent for FY 95.

The new computer system was installed centerwide, thus increasing computer capabilities in all office locations of the center.

Children's services expanded with the implementation of a limited RPT program during the school year. A full summer camp program was also added for children. Child, adolescent and forensic admissions to state facilities were lowered. The Lexington County Children's Center, an interagency partnership, opened in March 1995, with center support. School-based children's services continued to grow with services provided in over 20 schools in the county. A diversion program in conjunction with the Department of Juvenile Justice and the University of South Carolina was implemented. This program was supported by a grant from the governor's office.

Program evaluation and research initiatives continued with both USC and Hall Institute.

Two additional employees from Crafts-Farrow were assigned to work with discharged TLC clients, bringing the total number of Crafts-Farrow staff to four.

In conjunction with S.C. State Hospital, a Family Resource program was developed and implemented.

The center joined with Lexington/Richland Alcohol and Drug Abuse Commission and Hall Institute in developing a grant proposal to implement a program for the dually-diagnosed.

The center's relationship with USC was expanded to include the Institute for Family Studies. USC students in both the Psychology and Social Work Departments completed their field placements at the center.

The Toward Local Care supported apartments and Homeshare programs were expanded from 30 to 65 elderly clients.

Goals for FY 95-96 are to:

* proceed with the construction of an Administration, Acute Care, and Child and Adolescent Facility;

* implement an Alzheimers Day Treatment and caregivers Respite Program in conjunction with the County Office on Aging;

* continue toward the establishment of community based Crisis Stabilization alternatives for adults, children, and adolescents;

* work with Friendship Center to develop housing initiatives;
* continue to expand psychiatric services throughout the Center;
* develop an RPT program for severely emotionally disturbed children;
* implement a Family Preservation Program;
* complete the expansion of the TLC Supported Apartment Program and the TLC Homeshare program;
* expand relationships with colleges and universities to train students in a clinical setting;
* open the 20-unit Friendship Center HUD apartment project;
* implement a community-based outreach program for home-bound elderly clients using indigenous community members;
* submit proposals to funding groups to implement a Family Crisis Intervention program;
* implement a program for dually-diagnoeed clients with LARADAC and Hall Institute;
* develop computer capability and budgets for all center programs; and
* continue to develop community-based options to reduce admissions to state inpatient facilities.

Orangeburg Area Mental Health Center
(Orangeburg, Bamberg and Calhoun counties)

The Orangeburg Area Mental Health Center focused on increased awareness of consumers' needs, additional development of community resources and constructing a new facility for our increasing growth in community services.

Older Adult Services developed a family support group in Orangeburg and Bamberg counties; wrote a proposal and received funding for an Alzheimer's In-Home Respite Care Project; and put into operation a day treatment program with additional staff assigned to this program.

School-Based Services received funding for a grant to develop a peer counseling program in Elloree Schools; assigned all C&A staff members to specific schools for prompt response from school districts; and staffed each clinic office designated only for C&A to provide special on-site programs at the schools.

Client employment increased by 50 percent, with 15 consumers employed in either competitive, supportive, transitional, volunteers and through VR.

An intensive case management team with the addition of two staff added to the Managed Care Component. Three staff will be hired in FY 96. RPT services increased for seriously mentally ill clients from 20 contacts in FY 94 to 3,791 contacts in FY 95.

In the area of family involvement in educational programs, the center implemented a family support group for Alzheimer's clients in the catchment area; reestablished an inactive MHA Chapter in Bamberg County with renewed efforts and commitment to the association's goal; hired a Consumer Affairs coordinator and Volunteer coordinator with both involving families in their Advisory Council Boards; sponsored a "Journey of Hope," client and family education course at a local community college; incorporated flex scheduling of staff to provide extended hours for consumers and family participation in therapeutic and educational programs; and a monthly news article on "Good Mental Health" in the local newspaper by staff.

The center continued consulting and training involvement with Quality Council

from DMH; established a Quality Council Team with liaison linkage to each formalized team within the organization; insured attendance by staff members at two major training events to promote TQM in State Government; assigned teams to evaluate managed care visibility at OAMHC; and sponsored a planning retreat with management, medical, administrative staffs; members of board of directors and consumer.

There were 2,203 admissions in FY 93-94, compared to 2,529 for FY 94-95 (9 percent increase); and 42,764 direct service contacts, compared to 55,436 (a 30 percent increase).

Goals for FY 95-96 are to:

* continue efforts to reduce adult psychiatric admissions state facilities and readmissions to state facilities;
* increase diversionary services for children and adolescents as an alternative to inpatient and residential placement;
* fully implement the Child Proviso Initiative in the catchment area;
* increase efforts in developing housing initiatives for the mentally ill;
* increase the number of employment opportunities for the seriously mentally ill;
* increase the number of staff providing intensive case management;
* increase centerwide volunteer utilization from 50 percent to 100 percent in each program area;
* conduct and report on a Customer Satisfaction Survey and a Family Satisfaction Survey; and
* build new RILS clubhouses in Orangeburg, Holly Hill and Bamberg counties.

Pee Dee Mental Health Center
(Florence, Darlington and Marion counties)

The center leased a building in Hartsville to house the Clubhouse program. It is being renovated, and the expected occupancy date is mid-September.

Architect's plans and the site for a new clinic building and clubhouse in Lake City have been approved. Construction bids have been advertised.

The Volunteer Program coordinator developed and implemented the Compeer Program. Seven Compeer volunteers were enlisted and matched with consumers.

The Consumer Affairs coordinator is now a full-time, permanent position.

Each county community mental health center has one staff member designated and trained as a geriatric specialist.

A clinician has been hired for the BabyNet position and is working with the Program Director at Linda M. Summer Family Services and DHEC BabyNet supervisors to implement the program fully.

Two TQM projects have been identified, one dealing with transportation needs of consumers and the other involving redesigning the intake process in the outpatient clinics. The transportation project has been completed and successfully implemented. The intake project team has just begun gathering data for its task.

Goals for FY 95-96 are to:

* complete work on current TQM projects, and continue to develop new projects to improve services to consumers;
* reorganize Linda M. Summer Family Services;
* provide one FTE for out-stationed placement at the child abuse center;
* reduce the current number of psychiatric admission to DMH inpatient facili-

ties from 43 per month to 40 per month;

* explore the development of a crisis/respite care facility as an alternative to inpatient hospitalization;

* develop additional independent and semi-independent housing alternatives for the chronically mentally ill;

* increase the Center's Consumer Employment Program in the private sector from 10 clients to 18 clients; and

* develop plans for a new facility consolidating mental health services in the Florence area. Funds have already been obtained for this capital improvement project.

Piedmont Center for Mental Health Services
(South Greenville County)

The Piedmont Center for Mental Health Services serves a rapidly growing area with a wide diversity of industries and businesses. The area is experiencing a tremendous influx of new businesses and high technology industries, with many new housing starts, new apartment complexes and new families moving into the area.

To serve the growing population, the center has full-time offices in Simpsonville and Greer and a part-time office in Piedmont. Simpsonville is now the fastest growing town in South Carolina. The catchment area population has grown to approximately 158,000 and is projected to continue rapid growth.

The center, through contractual arrangements, placed clients in eight 10-bed community care homes, Ridgeview Community Care Homes and Gregory's Community Care Homes II and provides a rehabilitative Psychosocial Therapy Program and other supportive services for these 80 clients.

The J. Charlie McKinney House, a 10-bed community residential program for the deaf mentally ill, was completed and opened with 10 residents in July 1994. A full range of rehabilitative services will be provided for these clients with trained staff 24 hours per day. In addition, the Piedmont Center employs professional staff to provide outpatient and case management services to the deaf mentally ill in the region.

The center contracts with Gateway House to provide a program of psychosocial clubhouse services for 30 clients. The clients live at Gateway Apartments, Portals Apartments, Towers East Apartments or Carolina Retirement Center.

The Hillcrest Heights Apartments provide residencies for 12 center patients. These 12 apartments were constructed with a HUD grant to the Greenville Mental Health Association. Gateway House provides supportive employment services for selected clients. The center also uses the services of Goodwill Industries and Vocational Rehabilitation. The center operates Sunshine House in Simpsonville which is a Restorative Independent Living Skills Program and Rainbow House in Greer which has a similar program.

Crossroads, a Rehabilitative Psychosocial Clubhouse, opened in Piedmont in February 1995 and serves 15 clients. The center contracts with Marshall I. Pickens Hospital and Charter Hospital of Greenville to provide local inpatient stabilization for mentally ill clients needing acute care. Other local hospitals are utilized when clients have resources to cover the cost of inpatient care.

Since July 1994 the center has collaborated with other agencies to carry out the "Children's Proviso."The center relates closely with Harris Psychiatric Hospital which serves Region B of the state. For children the center contacts with Marshal I.

Pickens Hospital Child and Adolescent Program, Anderson Youth Treatment Center and Charter Hospital for local emergency stabilization.

The center provides family preservation services for high risk children. All children in this project are in threat of being removed from their homes and placed in a DYS or DMH institution. This program functions in close collaboration with the DYS and the Family Court.

The center provides community residential treatment services for children ages 11 through 16 in the Clear Spring Homes for girls and the Bethany Home for boys. The center has collaborated for several years with Bryson Middle School, where a full-time mental health counselor and a part-time clinician have been placed.

The center employed and placed mental health counselors in Fountain Inn Elementary School and Woodmont High School in August 1994. These counselors work with children and parents and provide consultative services to teachers and staff. Research is included in these projects. Graduate students from the University of South Carolina serve internships in all school-based programs. Other graduate students serve internships in the Simpsonville and Greer offices and clubhouse programs.

Land was purchased and architectural work is progressing to begin construction of a facility in the Simpsonville area. Construction on a Greenville Mental Health Association housing project was started in the spring of 1995 and will be completed in January 1996.

A Homeshare Project was implemented in October 1994 and continues to work toward placing 10 clients.

The number of clients receiving job coach and employment support services increased by 40 percent.

The center had very impressive statistics for FY 94-95 which include: total number of patient contacts, 7,723; adult new admission, 1,368; child new admission, 378; and readmission, 382.

Goals for FY 95-96 are to:

* fill the vacancy for a Consumer Affairs coordinator;
* further prepare and position the center for functioning in a managed care environment;
* fully evaluate the access services of the center and make necessary changes to improve access to needed care, enhance quality of care, and to become more cost effective; add a second counselor to network with DSS to serve at-risk children;
* begin construction on a facility in Simpsonville; and
* hire a person to provide necessary support for the computer network.

Santee-Wateree Community Mental Health Center
(Sumter, Clarendon, Kershaw and Lee counties)

The center's staff and board redefined the center's Mission Statement, prioritizing its role in providing services to severely and chronically mentally ill adult consumers and children with severe emotional disorders.

To reduce emergency commitments, the center planned, with help from a task force made up of staff, consumers, family members, and community agencies, the start-up of a 24-hour crisis bed facility with a short term day emergency stabilization component. Plans to open this operation were placed on hold once a cost analysis indicated that the service would not be cost-effective under the current fee-for-service

environment. This plan will be held over as a possible service to open in the future.

Since over 60 percent of the hospital admissions from the center's catchment area are people not previously known to the center/staff, and over 50 percent of these admissions are substance abuse related, it is highly probable that a short-term observation/stabilization unit would have a significant impact on admission rates. The center intends to open the day crisis stabilization component next fiscal year.

The center opened Maizie's Place, a day treatment facility for people with Alzheimer's disease in May 1995. Designed to assist the family, primary caregiver and victim to cope with this disease, the center offers a warm, nurturing and caring environment for day services. Maizie's Place, named in honor of a victim of Alzheimer's, is the first such program in a community mental health setting in South Carolina.

The center and Hall Institute began a monthly "circuit" staffing aimed at creating a community treatment plan approach for dually diagnosed consumers who are heavy utilizers of the inpatient facilities. Although the makeup of the staffing teams vary from county to county, typically they include staff from the centers, Social Security, local alcohol and drug commissions, Morris Village, DSS, and probate judges. The center has also been active in the planning of a dual diagnosis outpatient program with Health and Human Services, Drug and Alcohol and DMH that will be piloted at several centers in the near future.

Washington Place, a unit of 16 independent living apartments, completed its first year of operation. The center hired a full time case manager to work flex hours with residents in this complex.

The center received notice of approval of funding for Chestnut Ferry, a 20-bed unit of HUD 811 apartments to be located in Camden.

The Sumter Housing Task Force, originally started as a center committee and task force, became a not-for-profit organization and began seeking HUD and renovation funding. This group's primarily mission is housing for people with mental illness.

Genesis Center now has over 100 consumers placed in competitive employment and continues to pursue NISH contracts.

The center was notified in May 1995 that it is one of four sites in the US to receive a five-year CMHS Employment Initiative Grant to test various approaches to promote competitive employment.

Half-day school-based services were extended to several elementary and middle schools in Kershaw County. The center continues to have a full time staff member in Sumter District 17 Program for Alternative Learning Academy. Child and Adolescent staff have also expended consulting services to schools in Lee and Clarendon counties.

Since this center relies so heavily on Medicaid funding for operation, the center expended additional resources in the program of Quality Assurance, Standards, and Monitoring. The center currently has three staff assigned to QA, one program evaluator, and one nurse assigned to OSHA and monitoring.

Goals for FY 95-96 are to:

* relocate Sumter Child and Adolescent Services;
* reallocate the Bishopville Clinic—services are being delivered in a house built before the turn of the century;
* begin a day crisis stabilization unit;
* expand Staff Training and Development program; and
* move the Administrative Offices.

Spartanburg Area Mental Health Center
(Spartanburg, Union and Cherokee counties)

We ended the fiscal year without a deficit; however, this accomplishment was achieved only by heroic efforts on the part of clinical and administrative support staff. With a deficit of $274,101 facing us in January, numerous specific, second-mile plans were made, which included working both harder and smarter.

There was an overall gain of 2.4 clinical staff and an overall gain of two administrative support staff. We were still forced to use an average of seven temporary support staff. (Thirteen clinical staff were hired while 10 resigned. Five administrative support staff were hired while three resigned.) Six of the 13 clinicians hired were funded by special DMH money, most of which was only start-up/seed money.

While property appraisals were done in April 1994 and in April 1995, no property has been purchased for a new main center. (DMH approved funding in November 1992 and an architect was chosen in November 1993.) Currently, the Board of Trustees is attempting to move this process along at a more appropriate pace.

Family Preservation efforts were unfunded until late May 1995 when start-up monies were granted. As those three positions are filled, we look forward to providing those services to Proviso—identified children and their families.

The services of a second child psychiatrist were obtained. This allows child psychiatric services in all three of our counties for the first time in our history.

Total client contacts for were 89,566 (FY 92: 62,340; FY 93: 66,070; FY 94: 77,600) of which 11,896 (FY 92: 7,898; FY 93: 10,280; FY 94: 12,163) were through New Day Clubhouse.

The unduplicated number of clients served was approximately 5,934 (FY 92: 5,080; FY 93: 5,150; FY 94: 5,721) of which 136 (FY 92: 133; FY 93: 154; FY 94: 150) were served at New Day.

Five Cherokee County consumers moved into housing in downtown Gaffney thanks to the efforts of the Mental Health Association of Cherokee County, DMH, Nehemiah Corporation, and the Cherokee Mental Health Center. Intensive case management for those and other Cherokee County clients was made available through start-up money from DMH.

After years of collaborative efforts by numerous agencies and organizations, public and private funding was pulled together for a social detoxification center for the Spartanburg area. It is expected to open during FY 95-96.

Volunteers contributed the equivalent of $85,932 through 9,548 hours of service.

The center came on-line with the CIS and LANS in June 1995. LANS provides E-mail, Word Perfect, and scheduling capabilities while CIS allows tracking of clients served within the DMH.

A successful site visit was held in November 1994. Preparation for this included not only a client satisfaction survey, but, for the first time in our history, family, staff and other agency satisfaction surveys as well.

Managed care training has been made a priority and this center has invested time, money and effort in collaborating with Region B and DMH to prepare for health care reform.

The center hosted a visit of the Consortium's Staff Satisfaction and Productivity Committee at which time all staff were invited to share information and specific efforts, such as our annual staff retreat, were highlighted.

A new telephone system was installed in March 1995. Voice mail capability relieved the switchboard of the majority of departmental and personal calls, allowing incoming client calls to be answered promptly.

At the request of DMH, our Client Advocacy program was expanded to eight local advocates, none of whom are in administrative roles.

The Children's "Proviso" was implemented in all three of our counties.

A successful Quality Assurance Survey was held in the fall of 1994.

The Susan Smith trial and its preceding and succeeding events caused additional requirements of the staff in Union County. They are to be commended for their second mile efforts.

Selected staff have been involved in multi-agency effort to develop a dual-diagnosis day program in this area.

With the assistance of DMH and SCVR, a co-funded position for an occupational training coordinator is being recruited to work with our clients.

Emphasis has been placed this year on client/visitor/staff safety with communication of various safety codes, fire drills, inspections, and staff education.

A Cultural Competency Committee was appointed and has started its work.

Through Consultation and Education services, 27 staff members provided 463 offerings for a total of 1,574 hours. More than $11,000 was collected for these indirect services.

Continuing efforts of note include; continued monitoring of Continuity of Care requirements, a relationship with Volunteers of America and The Village Partnership, staff development based on needs assessment and sometimes affording CEU's, placement of a wide variety of students and services to the deaf community.

Goals for FY 95-96 are to:

* remain financially sound;
* retain current staffing level and fill other vacancies as funding is available;
* purchase a site for a new main center and hold ground breaking;
* resume Family Preservation program;
* collaborate with Region B and DMH to prepare for managed care; and
* provide extensive Novell training for two administrative CIS employees.

Tri-County Community Mental Health Center
(Dillon, Chesterfield and Marlboro counties)

Computers have been a major focus for Tri-County Mental Health Center this year. The center is now connected to the DMH mainframe, allowing better statistical information and client service tracking. Since the center did not previously have a central client file, this involved staff keying 1,500 records into the system. Tri-County is one of the few centers with all of its sites connected to the network.

The improved data system is a step toward survival in the coming managed care environment. Income from third-party billing has increased because the computer system has enhanced the center's ability to handle billing more efficiently.

Medical staff has been stable this year allowing for almost full time coverage in each county, permitting better case staffing and clinical assessments. While this has had some impact on lowering the number of clients that continually cycle through hospitals, we continue to have a high commitment rate.

We achieved the goal of getting the rate below 300 per 100,000 population

this year. We continue to look for alternatives to hospitalization and step-down programs for clients leaving the hospital.

We have redesigned our outreach services to form Assertive Community Treatment (ACT) teams in all three counties. These teams will target those who have been frequent users of inpatient facilities.

Since many of our commitments involve substance abuse, we have developed our own programming to address those issues. Our dual-diagnosis program has expanded to all three counties and includes a co-dependency group. This is a program we would like to expand.

We also strengthened our hospital liaison. Our new liaison made regular visits to hospitals, resulting in placement of some long-term residents and shorter stays for others. The center's bed days decreased, and we will continue to work on this.

While we receive some child case consultation from Hall Institute, we need a child psychiatrist. Services to Children and Families have increased and that will continue in the coming year.

All three of our counties are fully involved in Child Proviso activities. We are bringing up a long-awaited therapeutic nursery and family outreach program funded by a federal Healthy Start Grant. Tri-County is setting up space, staff, and supplies for two sites for this program.

Housing has become a more difficult problem as local Housing Authorities have filled their spaces. A group called CMD, associated with the Alliance for the Mentally Ill, recently received nonprofit status and is applying for funds to build apartments in Bennettsville with hopes of expanding to the other two counties later.

Not only would this give us more client housing, but it would allow us to provide more on-site supervision than we have in other situations and an intermediate step between total independent living and a boarding home.

Office space for staff and programs continues to be a problem. Land has been purchased and plans are complete but increases in construction costs have stalled the Dillon and Chesterfield office projects.

The center is negotiating several short-term leases with hopes that the building projects will go forward this year.

The center now has one full-time vocational support staff. Several positions have been established for consumers within the center and four positions have been worked out for individual consumers in outside jobs. Transportation to work is the most difficult part of this effort, and we are working out a system of private providers.

A position is being established by the center for a staff member who will do consultation and education as well as volunteer programming and that should also help with transportation.

Tri-County is also looking at ways to use the old Bennettsville office site for a workshop so that would have another level of work available to clients.

The center's administrative board focused on community relations and they met with the Consumer Advisory Board to learn about their concerns.

The Consumer Board has begun a regular newsletter in addition to the center's newsletter.

Goals for FY 95-96 are to:

* decrease center commitments to a rate of 275 per 100,000 population and decrease use of state facility bed days to less than 2,350 per month by exploring local

and regional alternatives for hospitalization, and building at least one additional step-down or housing option and strengthening dual-diagnosis programming;

* hire a Consultation Education and Volunteer coordinator to improve community knowledge of the center and increase community support for consumers as well as involve consumers more in volunteer services;

* develop more clearly defined elderly services—a recently formed committee of trained elderly counselors will put together a plan;

* complete new buildings for Dillon and Chesterfield;

* increase housing and employment opportunities for clients;

* improve computer generated reports and utilization review procedures, establish protocol for critical pathways, and review other areas to work on to function in a managed care environment; and

* increase child psychiatric coverage for the center.

Waccamaw Center for Mental Health
(Georgetown, Horry and Williamsburg counties)

Waccamaw Center for Mental Health continually changes and adapts to the needs of consumers and the realities of today's marketplace. Our programs reflect the purpose of the DMH to provide services to the chronically mentally ill and the emotionally disturbed child. We have also chosen to maintain a wide variety of services based on local needs. Those needs are growing rapidly in the part of our region, which has the second fastest growth rate in the United States, and are critical in other parts of our service area which are rural and economically disadvantaged.

Our clinical staff increased from 112 to 129 as of June 30, 1995, with the majority of those staff placed in Children Services. Additional positions will be filled in the first quarter of FY 95-96.

In our largest county, a triage process was implemented with the goal of providing all assessments within 48 hours. A physician is part of the triage team, and has contact with each consumer at the time of the first visit. Similar plans will eventually be initiated in all clinics.

Partnering with other facilities and agencies has increased. For example, our School-Based Program has grown from five staff in three schools to 12 staff in 11 schools in three counties. Contracts with local school boards and the University of South Carolina have enabled this growth. The Institute of Family and Society of USC has established a pilot training program for students with this center.

Clinically, we are always looking toward quality oriented services. The utilization of group treatment has been emphasized, and, as a result, there are now 89 groups underway centerwide. Short-term treatment methods have been a focus of staff development training and supervision. The Clinical Supervision Program, which requires regular, documented meetings, remains in operation. The center is studying various measurements of treatment outcomes, and will institute this review. Consumer input assists in determining treatment programs.

The number of hours clinics remain open for the provision of regular services has increased. One clinic is open for limited services on Saturday, and another clinic is open until eight o'clock twice a week. These hours increase ease of access to those clinics, and more hours will be added as the need continues to be evaluated.

The center is in the lead in developing and updating the information manage-

ment system of DMH as it is utilized by community mental health centers. The center began acting as a pilot for a computerized scheduler, and a billing program.

Family Intervention Services in Williamsburg County serves families and their children up to the age of three, providing primary prevention and direct intervention

The Loris Inpatient Service was developed to provide a local option for hospitalization. This agreement with Loris Hospital provides 10 beds to the community and is staffed conjointly by the hospital and the center,

Waccamaw's relationships with academic institutions have been increased by the addition of interns University of South Carolina, Francis Marion, The Citadel, Webster, and S.C. State. In FY 94-95 there were six intern positions, and in FY 95-96 12 positions have been assigned. Many of these students begin their professional career with the center after graduation.

Employee Assistance contracts increased to 13, and our relationship with local industry, hospitals, and other agencies benefit in many indirect ways. Rapid economic development in this area offers many possibilities for these services.

"The Other Voice," an award winning newsletter, is part of our EAP and community education program.

In May 1995, the Conway and Myrtle Beach clinics merged into a Central Facility which provides a welcoming environment to our consumers. Center Administration is located in this building.

Through the development of a local nonprofit (Waccamaw Housing, Inc.) corporation, in partnership with Wateree Community Action Agency, a McKinney grant has been awarded for 23 housing units for the homeless mentally ill of Horry County.

A HOME grant has been submitted through the Mental Health Association of Georgetown County, and a program is being developed in Williamsburg County. The center continues to receive PATH grant funding for immediate crisis assistance for this group of consumers.

A comparative review of utilization statistics provides an indication of continuing growth as follows: 3,043 admissions in FY 93-94, compared to 3,319 in FY 94-95 (a 9 percent increase); and 64,962 billable direct service contacts compared to 82,031(a 27 percent increase).

Following a 68 percent increase in overall contacts in the Children's Services Program in FY 93-94, growth in that area continued with a 7 percent increase to 16,508 contacts. The active caseload as of June 30, 1995, was 3,512 consumers. During the year, there were 1,892 case closures. Waccamaw continues to have the lowest admission rates to central facilities in Region C.

Goals for FY 95-96 are to:

* recognize that change will occur and adapt our goals to meet consumer needs;
* closely monitor those services to maximize quality and quantity of care as well as fiscal responsibility;
* operate within our financial restraints and locate additional sources of income when those sources reflect the needs of consumers and the policies of DMH;
* develop a new facility for the Georgetown Clinic;
* develop and enhance clinical staff skills in therapeutic interventions through staff development programs and supervision; and
* continue to develop local alternatives to centralized inpatient care, including the on-going application for "Toward Local Care" funding from DMH.

Division of Inpatient Services

G. Werber Bryan Psychiatric Hospital

Bryan Hospital faced unprecedented challenges including two key positions that were vacated as we guided the hospital through a storm of political controversy and the managed care debate. These events led to public scrutiny of our agency and our facility. Despite this, we performed well and our list of successes is impressive.

The hospital's fiscal performance was remarkable. While growth for the hospital was flat during a year in which the behavioral health management industry as a whole grew more than 55 percent the hospital performed at a rate 1.01 percent better than our final budget allocation.

Our good stewardship was enhanced by almost $250,000 in donations of goods and services through our Volunteer Services Program, resulting in substantial savings.

We embarked on an ambitious plan of renovations that began with the hospital's pharmacy. The 2,232 square foot modernization and expansion project will enable the facility to convert to unit dose dispensing of medication and automate its daily functions; thereby, reducing our demand for additional pharmacy personnel.

The long awaited renovations for our patient lodges has begun with the planning, design and construction bids for Lodge A. Scheduled for completion next year, the lodge will house a new medication room, family conference center, charting and dictation room, two handicap accessible bathrooms, a treatment team conference room and an employee break area.

Additionally, four new offices were constructed for professional staff and the capacity for the hospital's laundry facility was doubled to meet the needs of almost 4,000 patients who were admitted last year.

Our efforts to enhance efficiency through automation were encouraged as computer users increased from 30 to 200, and two physician on-line services were added. On the patient care side, we created two programs that specifically address the needs for our patients who require extended care.

The hospital received accreditation from the Joint Commission on Accreditation for Hospitals and successfully passed the Department of Health and Environmental Control Licensing and Life Safety Inspections. We anticipate an affirmative approval of our annual HCFA review.

Efforts are underway to recruit and maintain adequate nursing personnel. Use of agency nurses has been decreased. Retention of staff has been given high priority.

The Performance Improvement Department recognizes quality work by posting signs in the lodges and other locations throughout the facility. Recognition is given monthly to the employee who turns in the best suggestion for improvement.

Goals for FY 95-96 are to:

* provide quality treatment for our patients and maintain high professional ethics among staff members;
* maintain adequate staff to provide quality service;
* ensure an adequate budget to support the program in the facility;
* maintain sufficient supplies and equipment to support the various components of the facility; and
* provide a means to recognize exemplary Bryan Hospital employees for their service to patients.

Byrnes Center
(James F. Byrnes Center for Geriatric Medicine, Education and Research)

Byrnes is a 166-bed general hospital that has been traditionally known for its medical-surgical support of DMH's inpatient facilities. With the agency's move toward local care, Byrnes' service delivery has also shifted to outpatient and ancillary support to community mental health centers.

Significant strides have been made toward attaining last year's goals. However, our quest to continuously improve services makes many of these goals ongoing; i.e., improving staff communication; improving management of information; increasing research and education; enhancing patient/family education; improving the environment; developing cultural competency; and maximizing reimbursement. All of these goals will be carried forward and merged into our hospital strategic planning process.

In FY 94-95, Byrnes identified and began to propose a hospital and system infrastructure designed to provide comprehensive medical-psychiatric care to DMH clients and to achieve our vision to be a nationally recognized model for excellence in geriatrics.

Byrnes staff are participating in an effort to establish a hospital values statement and a strategic planning process.

The planning process has yielded the following goals for the coming years:

* Provide quality care--maintain geriatric acute care unit; develop a day hospital program; operationalize geriatric assessment clinic; develop geropsychiatric program; and enhance patient/family/caregiver education.

* Enhance patient care through education and professional development while sustaining a stimulating, supportive work environment for each other--adopt a Byrnes management philosophy; develop management information system; enhance performance improvement function; continue employee performance improvement; examine customer satisfaction; and develop a program planning process.

* Create new knowledge on how to provide quality care--heighten visibility of research; and support education linkages.

Hall Institute
(William S. Hall Psychiatric Institute)

FY 94-95 was another year of continued progress for the William S. Hall Psychiatric Institute (WSHPI) in meeting the education, research, clinical service, systems development, and revenue enhancement components of the Mission Statement.

All programs maintained their DHEC, HCFA, and JCAHO certification.

The educational programs for medical students, residents, fellows, psychology interns, and other trainees continue to meet accreditation requirements and to recruit excellent candidates for training.

Quality assurance, continuous quality improvement, and total quality management efforts have been expanded and are on schedule. Staff continue to maintain leadership roles in many DMH initiatives, including the Public-Academic Consortium, the Transition Council, and the State Plan.

Major accomplishments can be subdivided into the various components of the facility's mission.

In education, Dr. Mozingo was recruited to become the director of the Consultation/Liaison Program at Richland Memorial Hospital.

The residency and fellowship programs continue to thrive, despite difficult recruitment problems for psychiatry across the nation. The community psychiatry training experience for residents continues to do well, and residents have had training experiences in several community mental health centers throughout the state.

DMH Staff Development and Training activities continue to be developed as resources permit. The Symposia Series and Hilton Head Conference continue to be very successful.

Community psychology fellowship programs have continued in cooperation with the Santee-Wateree Mental Health Center.

In research, several research groups at Hall Institute have continued their agendas in child and adolescent psychiatry, forensics, community psychiatry, substance abuse, and mental health systems structure and function.

Major planning efforts are underway to expand research initiatives in epidemiology, minority mental health, and dual diagnosis programs. Formal relationships were developed between the WSHPI Research Division and the DMH Public-Academic Consortium Research Committee.

In clinical services, inpatient services for children and adolescents, general psychiatry and neurology, and forensics continue reorganize while ambulatory care, emergency, and community consultation services have expanded in all areas.

Full JCAHO, HCFA, and DHEC accreditation and licensure continue. Recruitments took place for a new director of Social Work (Dr. Ayers), director of Chaplaincy Service (Ms. Fredericks), director of Child and Adolescent Outpatient Services (Dr. Kilgus), director of the Children's Inpatient Unit (Dr. Noll), and forensic psychiatrists (Dr. Barnard-Dupree, Dr. Gunter-Justice, Dr. Schwartz-Watts, and Dr. Tidler).

In systems development, major linkages continue between Hall Institute and DMH Central Office, Richland Memorial Hospital, the Dorn Veterans Administration Hospital, the Byrnes Center for Geriatric Medicine, Education and Research, Columbia Area Mental Health Center, Santee-Wateree Mental Health Center, other DMH facilities and community mental health centers, and the Department of Juvenile Justice. These collaborations involve a broad range of education, research, and clinical service activities. Major planning activities continue for the improvement of services to Not Guilty by Reason of Insanity and DJJ patients.

The continuing challenge for FY 95-96 will be to maintain a constructive balance between the demands for education, research, clinical service, systems development, and revenue enhancement.

Harris Hospital
(Patrick B. Harris Psychiatric Hospital)

Harris Hospital's mission is to provide intensive, short-term, psychiatric diagnosis and treatment to the citizens of 14 counties of South Carolina. Harris Hospital is a 24-hour facility located in Anderson providing emergency voluntary and involuntary psychiatric inpatient care for the adult and adolescent community needing its services. Specialized programs for substance abuse disorders and the hearing impaired are also provided.

Harris Hospital began FY 94-95 with a most significant achievement. The JCAHO awarded its highest level of accreditation, Accreditation with Commendation, to Harris Hospital for three years, effective July 23, 1994. This recognition reflects the

successful efforts of Harris Hospital staff through teamwork to provide high quality care for those South Carolina citizens served by this inpatient facility.

Change, especially health care reform, was a central theme for all health care organizations. Moreover, change will continue to become the norm, rather than the exception, during the next fiscal year. Harris Hospital has approached the "opportunities" associated with the changes due to health care reform and its economic effects on the public sector in a positive and creative manner.

The now familiar question for Harris Hospital of how to reduce cost while ensuring quality became more crucial than ever during FY 94-95. This climate of change, specifically managed care, has urged Harris Hospital senior management to shift from reacting to change to anticipating change.

Part of this process involved keeping three priorities always in mind: the clinical, support and administrative staff are our greatest assets; service delivery efficiency and effectiveness can continuously be improved; and technology is a significant way to improve Harris Hospital's efficiency and provide excellent patient care.

Harris Hospital provided services to 2,565 patients including: adult psychiatric admissions, 1,969; adolescent admissions, 186; substance abuse admissions, 377; and hearing impaired admissions, 33.

Harris Hospital was in compliance with all mandatory and voluntary surveys conducted by agency, state and consumer organizations.

Harris Hospital enhanced the technical competence of its clinical and administrative staff through the active recruitment of able professionals. The hospital provided educational and training experience for those already employed and became a member of AHEC.

Harris Hospital was successful in being recommended for 1995 Permanent Improvement Project funding for the expansion and renovation of its pharmacy. Through the Pharmacy Department, the hospital economic prescription services (8,140 processed), consultant pharmacist services (112 hours) and patient/staff drug education services (84 hours) to the Region B community mental health centers in support of continuity of care.

Goals for FY 95-96 are to:

* support all Toward Local Care initiatives that have been identified by the SCDMH Transition Leadership Council;

* focus on the inpatient needs of the Region B community mental health centers in an effort to support their vital role;

* practice continuous improvement through innovation and being entrepreneurial;

* tap the energy and creativity of the many talented people who work for Harris Hospital and DMH to bring clear focus to the health care issues facing public mental health providers, both inpatient and outpatient, today and in the future;

* become a competitor in the managed care arena by delivering the highest quality inpatient mental health services at the lowest possible cost to the payors, including the taxpayers of South Carolina; and

* manage Harris Hospital's human, financial, technological, and other resources in a manner that best meets the needs of the patients served and passes all scrutiny from regulatory agencies and payors concerning the quality of health care rendered.

Morris Village
(Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center

The major thrust of activities during this productive and progressive year focused on community outreach; organizational changes designed to enhance treatment services; evaluation of accessibility, appropriateness, efficacy, and efficiency of care; and preparation for a re-accreditation survey by the Commission on Accreditation of Rehabilitation Facilities.

A coordinator of Community Services position was established at the level of facility governing body to focused attention on relationships between Morris Village and the community. The goal is to maintain adequate communication and support with other DMH facilities and community mental health centers in order to facilitate efficient operational procedures.

The Addictions Specialist Meeting was reestablished and will be meeting quarterly at Morris Village, bringing together inpatient and community service providers for dialogue, problem resolution, and training.

Staff presented workshops for five mental health centers regarding the services of Morris Village. The coordinator of Community Services met with four mental health centers and has plans to meet with all prior to the end of the 1995 calendar year.

Reorganization and redesign of the treatment program for adolescents is in process. Focus is on integrating Morris Village adolescent services with the DMH adolescent and children's services, and increasing accessibility to referrals from community mental health centers.

Relocation of the chemical dependency treatment unit for seniors from Crafts-Farrow State Hospital to Morris Village March 1, 1995, was the first step in consolidating DMH alcohol and drug treatment at one facility.

To assist in monitoring and evaluating access to services, there is ongoing review of information regarding persons found ineligible for admission; persons on the waiting list are prioritized based on needs; and there is periodic review of the waiting list in order to identify needed actions.

The Outcome Based/Program Evaluation System that was initiated 12/1/94 is providing invaluable data that will assist in evaluating treatment services. Outcome data will be incorporated into organizational planning.

Preparation for the re-accreditation survey involved staff at every level, taking a critical look at the strengths and weaknesses of treatment services. Although official results have not been received, there seems little doubt that Morris Village will receive a three-year accreditation. Pursuit of state-of-the-art treatment approaches, active collaboration with other providers of alcohol and other drug treatment services, and long-range strategic planning will enhance the leadership role of Morris Village in the state and propel the Village toward its ultimate goal of decreasing the negative impact of alcohol and other drug dependency on the citizens of South Carolina.

Goals for FY 95-96 are to:

* engage in a long-range strategic planning process;
* focus on relationships with DMH facilities and community referral sources;
* collaborate with DMH and Harris Hospital regarding the possible transfer of that hospital's alcohol and drug treatment services to Morris Village; and
* collaborate with DAODAS and Hall Institute to explore the possibility of developing a "Step Down" or intensive outpatient unit for Morris Village.

South Carolina State Hospital and Crafts-Farrow State Hospital (Division of Psychiatric Rehabilitation)

Fiscal Year 94-95 was a period of continuing consolidation of programs and functions within the division. Significant consolidations included Nursing Education/ Staff Development and Quality Resource Services.

S.C State Hospital received a three-year accreditation from the JCAHO, and Crafts-Farrow State Hospital successfully completed regulatory reviews.

The Psychiatric Rehabilitation Program continued to expand as it moved to its recently renovated and centralized location on the S.C. State Hospital campus, and training programs were implemented on the Crafts-Farrow campus.

The ADAP Program at Crafts-Farrow was transferred to Morris Village, and the Not Guilty by Reason of Insanity Program was transferred from S.C. State Hospital to Hall Institute. Efforts were begun to transfer the McLendon Nursing Care Center from Crafts-Farrow to the Tucker/Dowdy-Gardner Nursing Care Center. This move was completed in July 1995.

The Psychiatric Rehabilitation Council was reconstituted to review and facilitate the consolidation of Crafts-Farrow and S.C. State Hospital onto one campus. The completion of this move will be a primary goal for FY 95-96.

The combined census at Crafts-Farrow State Hospital and S.C. State Hospital dropped from 764 May 27, 1994, to 561 July 13, 1995.

The Family Resource Program in the Columbia Area and Lexington County Mental Health centers continued to provide support, education and skill-building services to families and to provide employment opportunities for inpatient staff within the community.

The coordination of Home Health Care Services was initiated with the Columbia Area Mental Health Center and DHEC in order to enhance service packages available to discharged patients.

Division of Long-term Nursing Care Services

(C.M. Tucker, Jr./Dowdy Gardner Nursing Care Center; the Dowdy Gardner Nursing Care Center/Rock Hill, under contract; and the Richard Michael Campbell Veterans Nursing Home, under contract)

C. M. Tucker, Jr./Dowdy Gardner Nursing Care Center

C. M. Tucker, Jr./Dowdy Gardner Nursing Care Center continued refining quality clinical services to its long-term care residents. To that end, management undertook enhanced empowerment of staff at all organizational levels in initiating improvement of services. Success was manifest in a number of concrete measures.

The program expanded its emphasis on process improvement to enhance quality in place of fault finding. The Continuous Quality Improvement Committee increased its membership and emphasized multiple disciplines working together to identify and implement positive outcomes.

Continuing Quality Improvement Teams were organized to address clinical issues resulting in significant progress in reducing the use of physical restraints, improving the dining environment for the veteran residents, increasing the fluid intake of those at risk of dehydration, improving wheelchair safety, and reducing the

incidence of pressure sores.

The clinical structures empowered unit-based teams to be the responsible point of clinical decisions; improved communications and accountability resulted.

The computerized resident assessment and care planning system was enhanced in order to provide expanded and more timely information to the clinical staff.

The organization was commended by DMH for operating throughout the year in a fiscally responsible manner. The programs were certified by the Department of Health and Environmental Control/ U.S. Health Care Administration, with no significant deficiencies noted.

Physical and occupational therapy services were increased through contractual services, allowing more extensive and longer term availability to residents.

The number of professionals trained increased with rotations for family practice, OB-GYN, and internal medicine residents, increased placements for nursing students, and continuation of training for M.S.W. students, activity therapy interns, and pharmacists.

Pastoral care services and ward-based programs improved through the placement of interns from the Clinical Pastoral Education Program.

Staff development and nursing education were consolidated into one Education Services allowing the concentration of resources and resulting in expanded educational offerings and improved unit-based in service education.

One employee completed and four employees were enrolled in the Ladders in Nursing Careers program for extended education sponsored by the S.C. Hospital Association and the Healthcare Recruitment Center.

Volunteer Services continued to expand with an increased number of volunteers and time provided and greater value of donations.

Goals for FY 94-95 are to:

* provide the highest quality of services to residents, constantly seeking improvement through enhancements in medical technology and the treatment process;

* continue to improve clinical and administrative processes through employee empowerment, continuous quality improvement teams, and the principles of TQM;

* operate within the budgetary allocations;

* continue to develop unit-based teams to provide higher quality and greater continuity of services to residents; and

* enhance appreciation for cultural diversity among all staff.

Richard Michael Campbell Veterans Nursing Home

The Richard Michael Campbell Veterans Nursing Home's mission is to provide long-term nursing care services for South Carolina veterans.

The facility successfully maintained licensure and certification requirements in addition to Veterans Administration requirements;
successfully operated the facility within budget authorizations; and was fully integrated into the operational structure of the Division of Long-term Nursing Care, including participation on appropriate committees, and adoption of standard policies.

Major goals for FY 95-96 are to:

* maintain licensure, certification, and VA requirements for all programs; and

* operate the facility within budget authorizations.

Dowdy Gardner Nursing Care Center/Rock Hill

Dowdy Gardner Nursing Care Center/Rock Hill's mission is to improve the quality of life for elderly residents age 65 and older who have a primary psychiatric disability, with psycho-behavioral manifestations, and with complicating secondary medical problems.Dowdy Gardner/Rock Hill supervises a total of 176 licensed beds.

The facility successfully maintained both licensure and certification requirements as a Medicaid provider; successfully operated within budget authorizations while delivering quality services; and effectively reduced the size of the facility in a orderly effort in anticipation of closure.

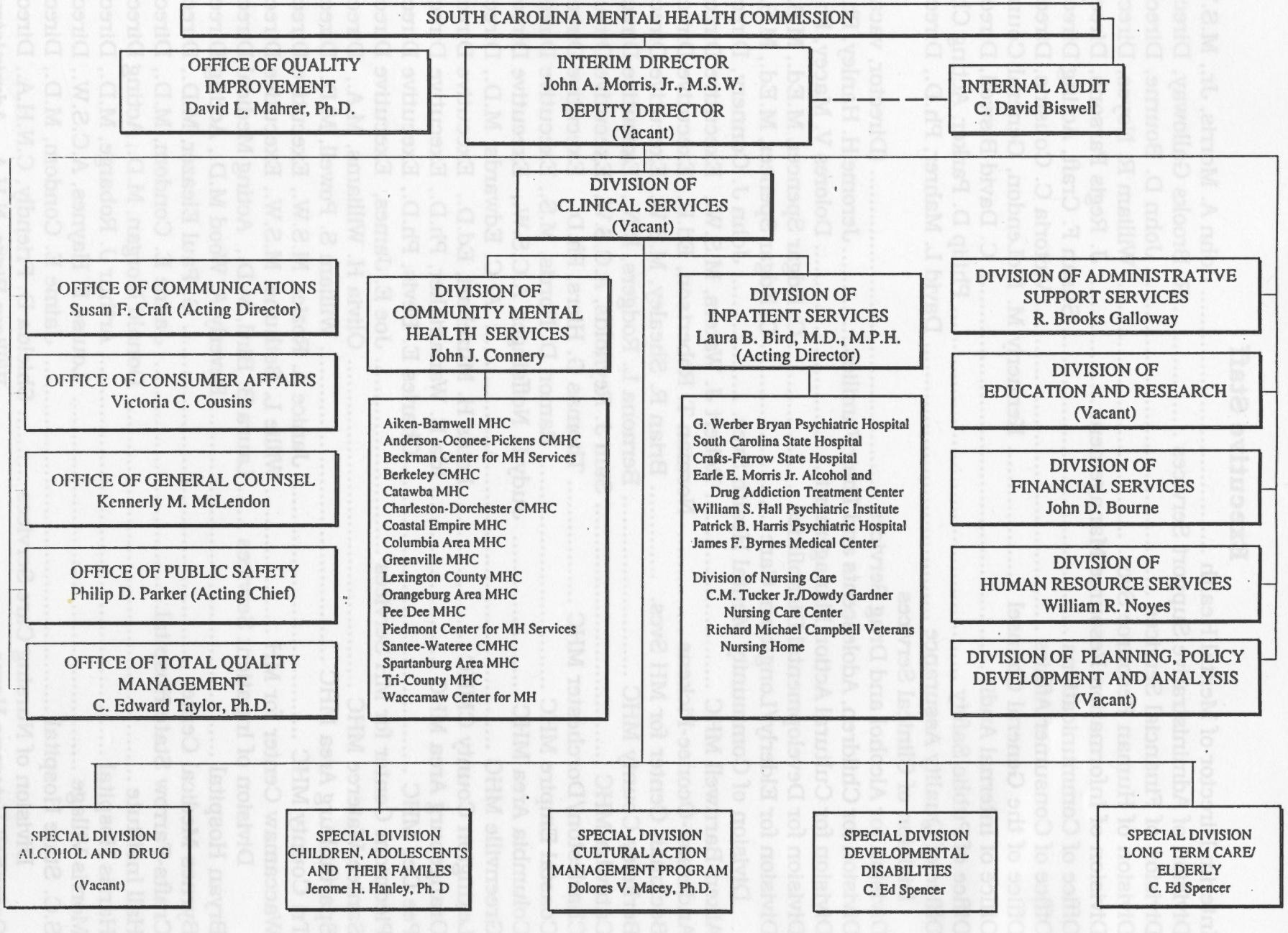
Major goals for FY 95-96 are to:

* gradually phase out licensed beds through attrition and careful placement of residents in appropriate long-term care settings;
* maintain licensure and certification for all programs; and
* operate the facility within budget authorizations.

Executive Staff

Interim Director of Mental Health ..... John A. Morris, Jr., M.S.W.
Division of Administrative Support Services ..... R. Brooks Galloway, Director
Division of Financial Services ..... John D. Bourne, Director
Division of Human Resource Svcs. ..... William R. Noyes, Director
Division of Information Resource Management ..... J. Regis Parsons, Director
Office of Communications ..... Susan F. Craft, Acting Director
Office of Consumer Affairs .....Victoria C. Cousins, Director
Office of the General Counsel ..... Kennerly M. McLendon, General Counsel
Office of Internal Audit ..... C. David Biswell, Director
Office of Public Safety ..... Philip D. Parker, Acting Chief
Office of Quality Assurance ..... David L. Mahrer, Ph.D., Director
Division of Clinical Services
Division for Alcohol and Drug Services ..... (Director, vacant)
Division for Children, Adolescents and Their Families..... Jerome H. Hanley, Ph.D.
Division for Cultural Action Management ..... Dolores V. Macey, Ph.D.
Division for Developmental Disabilities ..... C. Edgar Spencer, M.Ed., M.S.W.
Division for Elderly/Long-term Care ..... C. Edgar Spencer, M.Ed., M.S.W.
Division of Community Mental Health Svcs. ..... John J. Connery, Director
Aiken-Barnwell MHC ..... Robert J. Waters, M.S.W., Executive Director
Anderson-Oconee-Pickens ..... Norman T. Robertson, Ed.D., Executive Director
Beckman Center for MH Svcs. ..... Brian R. Shealey, M.S.W., Executive Director
Berkeley County MHC ..... Bernona L. Rodgers, R.N., Executive Director
Catawba MHC ..... Sam J. Reynolds, A.C.S.W., Executive Director
Charleston/Dorchester MHC ..... Thomas G. Hiers, Ph.D., Executive Director
Coastal Empire MHC ..... Ramon D. Norris, M.S., Executive Director
Columbia Area MHC ..... Judy L. Noffsinger, A.C.S.W., Executive Director
Greenville MHC ..... Al C. Edwards, M.D., Director
Lexington County CMHC ..... Louis H. Muzekari, Ed.D., Executive Director
Orangeburg Area MHC ..... Ida E. Wanamaker, Ph.D., Executive Director
Pee Dee MHC ..... Charles E. Bevis, Ph.D., Executive Director
Piedmont Center for MH Services ..... Joe E. James, Executive Director
Santee-Wateree MHC ..... Olivia H. Williams, M.A., Director
Spartanburg Area MHC ..... William S. Powell, M.D., Director
Tri County MHC ..... Janice A. Rozier, M.S.W., Executive Director
Waccamaw Center for MH ..... Willie L. Bethune, M.S.W., Executive Director
Division of Inpatient Services ..... Laura B. Bird, M.D., Acting Medical Director
Bryan Hospital ..... Beverly A. Wood M.D., Acting Director
Byrnes Medical Center ..... G. Paul Eleazer, M.D., Director
Crafts-Farrow State Hospital..... Jaime E. Condom, M.D., Director
Hall Institute ..... Donald Morgan, M.D., Acting Director
Harris Hospital ..... Arthur J. Robarge, M.D., Director
Morris Village ..... Louise F. Haynes, A.C.S.W., Director
S.C. State Hospital ..... Jaime E. Condom, M.D., Director
Division of Nursing Care Services ..... Shielda D. Friendly, C.N.H.A., Director
Campbell Veterans Home ..... William Biggs, N.H.A. , Administrator
Tucker Center/Dowdy-Gardner ..... Shielda D. Friendly, C.N.H.A., Director

S.C. DEPARTMENT OF MENTAL HEALTH



(approved by S.C. Mental Health Commission 8/1/95)

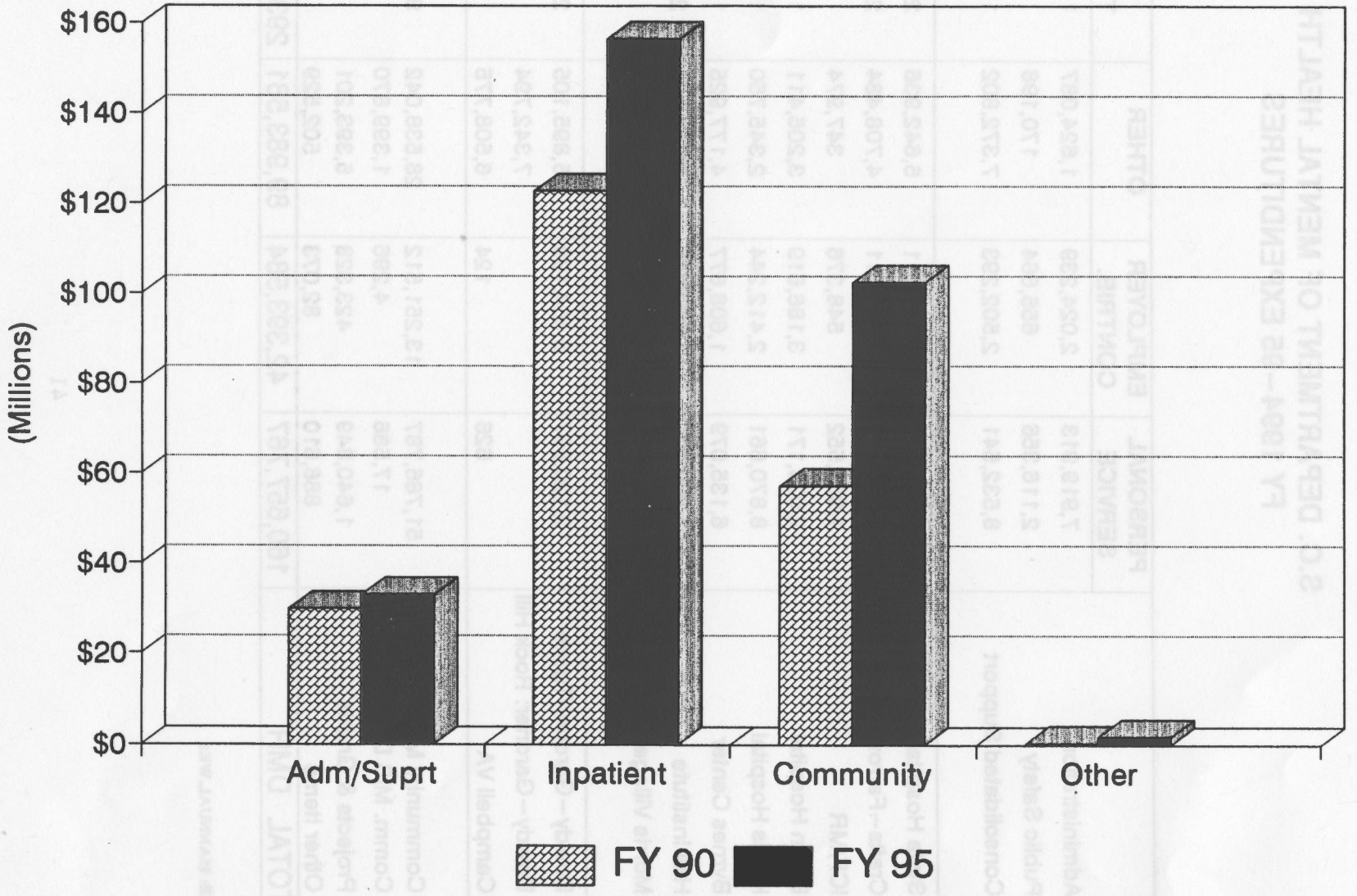
S.C. DEPARTMENT OF MENTAL HEALTH
FY 1994–95 EXPENDITURES

	PERSONAL SERVICE	EMPLOYER CONTRIB.	OTHER	TOTAL
Administration	7,919,913	2,024,239	1,624,087	11,568,239
Public Safety	2,116,356	655,664	170,198	2,942,218
Consolidated Support	8,532,541	2,502,293	7,372,802	18,407,636
State Hospital	14,527,531	3,924,911	5,642,936	24,095,378
Crafts–Farrow	12,593,390	3,426,011	4,708,484	20,727,885
ICF/MR	1,939,552	548,376	347,974	2,835,902
Bryan Hospital	12,028,171	3,186,619	3,205,411	18,420,201
Harris Hospital	8,870,661	2,412,244	2,345,750	13,628,655
Byrnes Center	6,135,079	1,608,677	4,177,925	11,921,681
Hall Institute	14,706,091	3,692,782	3,633,461	22,032,334
Morris Village	4,835,467	1,246,236	1,174,237	7,255,940
Dowdy–Gardner/Tucker	12,120,557	3,404,199	5,895,105	21,419,861
Dowdy–Gardner: Rock Hill			7,342,794	7,342,794
Campbell VA	626	124	6,508,775	6,509,525
Community M H Centers	51,786,787	13,251,512	28,538,042	93,576,341
Comm. MIS Develop	17,586	4,296	1,399,870	1,421,752
Projects & Grants	1,640,849	423,328	5,393,201	7,457,378
Other Items	886,610	82,073	502,529	1,471,212
TOTAL DMH	160,657,767	42,393,584	89,983,581	293,034,932

JEB: 95ANNUAL.WK1

DMH TOTAL EXPENDITURES

FY 90 VS FY 95



South Carolina Department of Mental Health
Total Funds Expenditure Summary

Expenditure Summary by Program	FY 90	FY 95	CHANGE FY 90–FY 95	% of FY 95 Total
Administration	9,381,924	11,568,239	23.30%	3.9%
Public Safety	3,316,462	2,942,218	−11.28%	1.0%
Consolidated Support	17,067,818	18,407,636	7.85%	6.3%
Subtotal Adm/Suprt	**29,766,204**	**32,918,093**	**10.59%**	11.2%
State Hospital	26,832,275	24,095,378	−10.20%	8.2%
Crafts–Farrow	20,085,535	20,727,885	3.20%	7.1%
ICF/MR	2,077,655	2,835,902	36.50%	1.0%
Subtotal Extended	**48,995,465**	**47,659,165**	**−2.73%**	16.3%
Bryan Hospital	12,707,299	18,420,201	44.96%	6.3%
Harris Hospital	10,617,266	13,628,655	28.36%	4.7%
Subtotal Acute	**23,324,565**	**32,048,856**	**37.40%**	10.9%
Byrnes Medical Center	11,100,016	11,921,681	7.40%	4.1%
Hall Institute	18,754,142	22,032,334	17.48%	7.5%
Morris Village	5,791,903	7,255,940	25.28%	2.5%
Subtotal Other Inpt	**35,646,061**	**41,209,955**	**15.61%**	14.1%
Dowdy–Gardner/Tucker	7,696,146	21,419,861	178.32%	7.3%
Dowdy–Gardner: Rock Hill	7,151,777	7,342,794	2.67%	2.5%
Campbell VA	69,161	6,509,525	9312.13%	2.2%
Subtotal Nursing Care	**14,917,084**	**35,272,180**	**136.45%**	12.0%
Community M H Centers	54,443,906	93,576,341	71.88%	31.9%
Comm. MIS Develop		1,421,752		0.5%
Projects & Grants	2,659,821	7,457,378	180.37%	2.5%
Subtotal Community	**57,103,727**	**102,455,471**	**79.42%**	35.0%
Special Items	198,000	1,471,212	643.04%	0.5%
TOTAL DMH	**209,951,106**	**293,034,932**	**39.57%**	100.0%

JEB: 95ANNUAL.WK1
8/16/95

COMMUNITY MENTAL HEALTH CENTER
PER CAPITA TOTAL EXPENDITURES
FISCAL YEAR 1994–95

CENTER	1995 POPULATION	TOTAL FY 95 EXPENDITURES	PER CAPITA	RANK FY 95	RANK FY 94
Columbia	323,800	12,710,945	$39.26	1	1
Orangeburg	119,200	3,794,380	$31.83	2	2
Piedmont	156,248	4,844,073	$31.00	3	5
Tri County	100,700	3,007,067	$29.86	4	4
Aiken	153,500	4,499,684	$29.31	5	3
Lexington	185,500	5,405,912	$29.14	6	10
Charleston	412,500	11,562,386	$28.03	7	8
Santee–Wateree	205,300	5,357,358	$26.10	8	7
Greenville	179,698	4,685,529	$26.07	9	9
Pee Dee	218,400	5,564,320	$25.48	10	6
Coastal Empire	188,300	4,534,232	$24.08	11	12
Beckman	226,400	5,245,740	$23.17	12	11
Waccamaw	261,400	5,642,520	$21.59	13	13
Catawba	233,500	4,732,092	$20.27	14	14
Anderson	314,800	5,908,383	$18.77	15	15
Spartanburg	312,300	5,616,221	$17.98	16	17
Berkeley	152,500	2,553,081	$16.74	17	16
STATEWIDE	3,744,046	95,663,923	$25.55		

Psychiatric Hospital Admissions Rates per 100,000 Population
Fiscal Year 1994 vs Fiscal Year 1995

	FY94	FY95		
	Rate	# of Adms	Rate	Variance
REGION A	**294.4**	**2,393**	**267.0**	**-27.5**
Aiken-Barnwell	147.8	218	142.0	-5.7
Catawba	206.7	445	190.6	-16.1
Columbia Area	453.9	1,411	435.8	-18.1
Lexington	247.0	319	172.0	-75.1
REGION B	**197.3**	**2,455**	**206.4**	**9.1**
Anderson-Oconee-Pickens	194.4	669	212.5	18.2
Beckman	279.3	565	249.6	-29.7
Greenville	171.0	357	198.7	27.7
Piedmont	98.4	240	153.6	55.2
Greenville/Piedmont	42.3	8	2.4	-40.0
Spartanburg	160.1	616	197.2	37.1
REGION C	**224.7**	**1,651**	**210.1**	**-14.6**
Pee Dee	258.9	517	236.7	-22.1
Santee-Wateree	203.1	408	198.7	-4.3
Tri-County	301.5	291	289.0	-12.5
Waccamaw	183.1	435	166.4	-16.7
REGION D	**94.6**	**673**	**77.1**	**-17.4**
Berkeley	78.0	99	64.9	-13.0
Charleston/Dorchester	82.0	231	56.0	-26.0
Coastal Empire	151.9	257	136.5	-15.4
Orangeburg	70.3	86	72.1	1.8
THE STATE	**203.4**	**7,195**	**192.2**	**-11.3**

SCDMH Psychiatric Admissions:
Includes all admissions to SCSH & Bryan; and includes CFSH after Feb. 1995
Includes adms to Harris on psych papers & adms to CFSH (thru Feb. 1995) on psych papers.
Includes the Children's Unit admissions at WSHPI.
Includes Santee-Wateree non-forensic admissions to WSHPI.
The admission rates are annualized.
The variance is the difference between the FY 94 and FY 95 rates.
Population figures were used to calculate the admission rates.

REF: P1FY9495.WK3
DIRM, PDR
24 AUG 95
FILE CODE A-2

Percent of Psychiatric Admissions to Psychiatric Hospitals Screened by Community Mental Health Centers for Fiscal Years 1994 and 1995

Community Mental Health Center	FY94 Percent	FY95 Percent	Change
REGION A	**98.9**	**98.5**	**−0.4**
Aiken−Barnwell	100.0	95.9	−4.1
Catawba	98.7	99.6	0.8
Columbia Area	98.7	98.4	−0.2
Lexington	99.3	99.1	−0.3
REGION B	**98.4**	**98.4**	**0.0**
Anderson−Oconee−Pickens	97.7	97.6	−0.1
Beckman	98.7	98.8	0.0
Greenville	98.7	98.3	−0.4
Piedmont	98.0	99.6	1.6
Greenv/Piedmont	98.6	87.5	−11.1
Spartanburg	98.6	98.7	0.1
REGION C	**99.1**	**98.6**	**−0.4**
Pee Dee	99.1	98.6	−0.4
Santee−Wateree	97.8	97.8	0.0
Tri−County	99.7	98.6	−1.0
Waccamaw	99.8	99.3	−0.5
REGION D	**98.6**	**98.5**	**−0.1**
Berkeley	100.0	100.0	0.0
Charleston/Dorchester	98.5	97.4	−1.1
Coastal Empire	99.3	98.8	−0.4
Orangeburg	95.1	98.8	3.8
THE STATE	**98.7**	**98.5**	**−0.2**

SCDMH Psychiatric Admissions:
- Includes all admissions to SCSH & Bryan.
- Includes admissions to CFSH & Harris on psych papers.
- Includes the Children's Unit admissions at WSHPI.
- Includes Santee−Wateree non−forensic admissions to WSHPI.
- Includes non−resident admissions.

REF: P2FY9495.WK3
DIRM, PDR
24 AUG 95
FILE CODE D

Psychiatric Readmission Rates to Psychiatric Hospitals
Fiscal Year 1994 vs Fiscal Year 1995

Community Mental Health Center	FY94 Rate	# of Adms	FY95 Rate	Variance
REGION A	**62.4**	**1,499**	**62.6**	**0.2**
Aiken–Barnwell	48.2	105	48.2	0.0
Catawba	53.8	249	56.0	2.2
Columbia Area	68.4	959	68.0	−0.4
Lexington	59.4	186	58.3	−1.1
REGION B	**53.0**	**1,277**	**52.0**	**−1.0**
Anderson–Oconee–Pickens	49.0	346	51.7	2.7
Beckman	54.2	296	52.4	−1.8
Greenville	59.3	212	59.4	0.1
Piedmont	58.9	134	55.8	−3.1
Greenville/Piedmont	63.1	5	62.5	−0.6
Spartanburg	47.9	284	46.1	−1.8
REGION C	**56.2**	**817**	**49.5**	**−6.7**
Pee Dee	61.8	264	51.1	−10.7
Santee–Wateree	49.5	190	46.6	−2.9
Tri–County	61.5	162	55.7	−5.8
Waccamaw	52.1	201	46.2	−5.9
REGION D	**54.8**	**362**	**53.8**	**−1.1**
Berkeley	52.3	44	44.4	−7.8
Charleston/Dorchester	57.7	139	60.2	2.5
Coastal Empire	52.2	128	49.8	−2.4
Orangeburg	55.6	51	59.3	3.7
THE STATE	**57.2**	**3,964**	**55.1**	**−2.1**

SCDMH Psychiatric Admissions:
Includes all admissions to SCSH & Bryan.
Includes admissions to CFSH & Harris on psych papers.
Includes the Children's Unit admissions at WSHPI.
Includes Santee–Wateree non–forensic admissions to WSHPI.
The rate is the percentage of total psychiatric admissions that are readmissions.
The variance is the difference between the FY 94 and FY 95 rates.

REF: P7FY9495.WK3
DIRM, PDR
24 AUG 95
FILE CODE G

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

HOSPITAL SERVICES

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	1247	985	2232
IN HOSPITAL	1211	948	2159
BMC/AREA HOSPITALS	15	15	30
ON LEAVE	0	0	0
ON PASS	21	22	43
FIRST ADMISSIONS	3197	1992	5189
READMISSIONS	3634	2028	5662
TOTAL ADMISSIONS	6831	4020	10851
TRANSFERS IN	228	98	326
RETURNS FROM EFF	41	16	57
RETURNS FROM EFP	6	9	15
TOTAL RECEIVED	7106	4143	11249
EFF'S	49	17	66
EFP'S	6	8	14
ADMINISTRATIVE DISCHARGES	24	4	28
REGULAR DISCHARGES	6664	3975	10639
DEATHS	157	125	282
TRANSFERS OUT	229	98	327
TOTAL SEPARATED	7129	4227	11356
STATISTICAL DISCHARGES	3	2	5
AVERAGE DAILY CENSUS	1281	965	2246
AVG LOS (IN DAYS) OF ALL RELEASES	64.0	102.1	78.2
RESIDENTS ON JUNE 30, 1995	1224	901	2125
IN HOSPITAL	1164	865	2029
BMC/AREA HOSPITALS	23	14	37
ON LEAVE	0	0	0
ON PASS	37	22	59

Due to corrections and effective dates, figures may not add down.

Ref: LHSPAR01
DIRM, PDR
24 Aug 1995

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

PSYCHIATRIC HOSPITALS

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	722	488	1210
IN HOSPITAL	695	465	1160
BMC/AREA HOSPITALS	7	5	12
ON LEAVE	0	0	0
ON PASS	20	18	38
FIRST ADMISSIONS	2140	1643	3783
READMISSIONS	2756	1674	4430
TOTAL ADMISSIONS	4896	3317	8213
TRANSFERS IN	210	74	284
RETURNS FROM EFF	31	9	40
RETURNS FROM EFP	6	9	15
TOTAL RECEIVED	5143	3409	8552
EFF'S	38	10	48
EFP'S	6	8	14
ADMINISTRATIVE DISCHARGES	1	2	3
REGULAR DISCHARGES	4921	3344	8265
DEATHS	36	25	61
TRANSFERS OUT	180	90	270
TOTAL SEPARATED	5182	3479	8661
STATISTICAL DISCHARGES	3	2	5
AVERAGE DAILY CENSUS	742	482	1224
AVG LOS (IN DAYS) OF ALL RELEASES	57.4	62.0	59.3
RESIDENTS ON JUNE 30, 1995	683	418	1101
IN HOSPITAL	638	390	1028
BMC/AREA HOSPITALS	10	8	18
ON LEAVE	0	0	0
ON PASS	35	20	55

Due to corrections and effective dates, figures may not add down.

Ref: LHSPAR01
DIRM, PDR
24 Aug 1995

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
CHANGE IN HOSPITAL AVERAGE POPULATION
FY 89-90 TO FY 94-95

	FY 90	FY 95	NBR CHANGE	PCT CHANGE
PSYCHIATRIC:				
Short-Term				
HPH	152	149	-03	-02%
BPH	191	209	18	9%
WSHPI	173	150	-23	-13%
	516	**508**	**-08**	**-02%**
Long-Term				
SCSH	588	323	-265	-45%
CFSH	498	393	-105	-21%
	1,086	**716**	**-370**	**-34%**
SPECIALTY:				
MV	166	132	-34	-20%
BMC	92	36	-56	-61%
	258	**168**	**-90**	**-35%**
NURSING:				
THRC	482	425	-57	-12%
DGNCC	550	254	-296	-54%
RMCVNH	0	211	211	N/A
	1,032	**890**	**-142**	**-14%**
DMH TOTAL	**2,892**	**2,282**	**-610**	**-21%**

DIRM, PDR
August 24, 1995

ADMISSIONS, DISCHARGES, IN-HOSPITAL CENSUS
FISCAL YEAR 1994-1995

FACILITY	ADMISSIONS	DISCHARGES	CENSUS JUNE 30	AVERAGE DAILY CENSUS
PSYCHIATRIC: Short-Term				
HPH	2,564	2,540	128	149
BPH	3,789	3,703	211	209
WSHPI	1,513	1,377	179	150
Long-Term				
SCSH	106	120	272	323
CFSH	525	525	311	393
SPECIALTY:				
MV	2,402	2,318	124	132
BMC	888	304	37	36
NURSING:				
THRC	146	25	441	425
DGNCC	35	17	241	254
RMCVNH	97	14	218	211

ADMISSIONS: First Admissions + Readmissions + Transfers In

DISCHARGES: Regular Discharges Only

DIRM, PDR
August 24, 1995

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	124	54	178
IN HOSPITAL	123	54	177
BMC/AREA HOSPITALS	1	0	1
ON LEAVE	0	0	0
ON PASS	0	0	0
FIRST ADMISSIONS	877	616	1493
READMISSIONS	1446	841	2287
TOTAL ADMISSIONS	2323	1457	3780
TRANSFERS IN	7	2	9
RETURNS FROM EFF	11	0	11
RETURNS FROM EFP	0	0	0
TOTAL RECEIVED	2341	1459	3800
EFF'S	13	0	13
EFP'S	0	0	0
ADMINISTRATIVE DISCHARGES	1	0	1
REGULAR DISCHARGES	2277	1426	3703
DEATHS	4	1	5
TRANSFERS OUT	29	16	45
TOTAL SEPARATED	2324	1443	3767
STATISTICAL DISCHARGES	1	0	1
AVERAGE DAILY CENSUS	137	72	209
AVG LOS (IN DAYS) OF ALL RELEASES	20.1	17.0	18.9
RESIDENTS ON JUNE 30, 1995	141	70	211
IN HOSPITAL	137	69	206
BMC/AREA HOSPITALS	4	0	4
ON LEAVE	0	0	0
ON PASS	0	1	1

Due to corrections and effective dates, figures may not add down.

Ref: LHSPAR01
DIRM, PDR
24 Aug 1995

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

RICHARD M. CAMPBELL VETERANS NURSING HOME

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	198	7	205
IN HOSPITAL	196	7	203
BMC/AREA HOSPITALS	1	0	1
ON LEAVE	0	0	0
ON PASS	1	0	1
FIRST ADMISSIONS	90	1	91
READMISSIONS	6	0	6
TOTAL ADMISSIONS	96	1	97
TRANSFERS IN	0	0	0
RETURNS FROM EFF	0	0	0
RETURNS FROM EFP	0	0	0
TOTAL RECEIVED	96	1	97
EFF'S	0	0	0
EFP'S	0	0	0
ADMINISTRATIVE DISCHARGES	0	0	0
REGULAR DISCHARGES	14	0	14
DEATHS	68	2	70
TRANSFERS OUT	0	0	0
TOTAL SEPARATED	82	2	84
STATISTICAL DISCHARGES	0	0	0
AVERAGE DAILY CENSUS	205	6	211
AVG LOS (IN DAYS) OF ALL RELEASES	447.8	520.5	449.5
RESIDENTS ON JUNE 30, 1995	212	6	218
IN HOSPITAL	206	6	212
BMC/AREA HOSPITALS	4	0	4
ON LEAVE	0	0	0
ON PASS	2	0	2

Due to corrections and effective dates, figures may not add down.

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DIRM, PDR
24 Aug 1995

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

CRAFTS-FARROW STATE HOSPITAL

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	191	216	407
IN HOSPITAL	185	204	389
BMC/AREA HOSPITALS	5	5	10
ON LEAVE	0	0	0
ON PASS	1	7	8
FIRST ADMISSIONS	109	104	213
READMISSIONS	119	118	237
TOTAL ADMISSIONS	228	222	450
TRANSFERS IN	61	14	75
RETURNS FROM EFF	2	1	3
RETURNS FROM EFP	1	2	3
TOTAL RECEIVED	292	239	531
EFF'S	2	1	3
EFP'S	1	2	3
ADMINISTRATIVE DISCHARGES	0	0	0
REGULAR DISCHARGES	291	234	525
DEATHS	29	22	51
TRANSFERS OUT	21	24	45
TOTAL SEPARATED	344	283	627
STATISTICAL DISCHARGES	0	0	0
AVERAGE DAILY CENSUS	188	205	393
AVG LOS (IN DAYS) OF ALL RELEASES	277.0	350.6	310.2
RESIDENTS ON JUNE 30, 1995	139	172	311
IN HOSPITAL	133	157	290
BMC/AREA HOSPITALS	3	7	10
ON LEAVE	0	0	0
ON PASS	3	8	11

Due to corrections and effective dates, figures may not add down.

Ref: LHSPAR01
DIRM, PDR
24 Aug 1995

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

DOWDY-GARDNER NURSING CARE CENTER

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	68	205	273
IN HOSPITAL	65	204	269
BMC/AREA HOSPITALS	3	1	4
ON LEAVE	0	0	0
ON PASS	0	0	0
FIRST ADMISSIONS	0	0	0
READMISSIONS	2	0	2
TOTAL ADMISSIONS	2	0	2
TRANSFERS IN	11	22	33
RETURNS FROM EFF	0	0	0
RETURNS FROM EFP	0	0	0
TOTAL RECEIVED	13	22	35
EFF'S	0	0	0
EFP'S	0	0	0
ADMINISTRATIVE DISCHARGES	0	0	0
REGULAR DISCHARGES	5	12	17
DEATHS	12	37	49
TRANSFERS OUT	0	1	1
TOTAL SEPARATED	17	50	67
STATISTICAL DISCHARGES	0	0	0
AVERAGE DAILY CENSUS	65	189	254
AVG LOS (IN DAYS) OF ALL RELEASES	1726.5	1985.1	1919.5
RESIDENTS ON JUNE 30, 1995	64	177	241
IN HOSPITAL	63	176	239
BMC/AREA HOSPITALS	1	1	2
ON LEAVE	0	0	0
ON PASS	0	0	0

Due to corrections and effective dates, figures may not add down.

Ref: LHSPAR01
DIRM, PDR
24 Aug 1995

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	65	23	88
IN HOSPITAL	65	23	88
BMC/AREA HOSPITALS	0	0	0
ON LEAVE	0	0	0
ON PASS	0	0	0
FIRST ADMISSIONS	502	321	823
READMISSIONS	406	193	599
TOTAL ADMISSIONS	908	514	1422
TRANSFERS IN	70	21	91
RETURNS FROM EFF	1	4	5
RETURNS FROM EFP	1	1	2
TOTAL RECEIVED	980	540	1520
EFF'S	3	5	8
EFP'S	1	0	1
ADMINISTRATIVE DISCHARGES	0	2	2
REGULAR DISCHARGES	875	502	1377
DEATHS	1	0	1
TRANSFERS OUT	28	12	40
TOTAL SEPARATED	908	521	1429
STATISTICAL DISCHARGES	0	0	0
AVERAGE DAILY CENSUS	108	42	150
AVG LOS (IN DAYS) OF ALL RELEASES	27.1	19.0	24.2
RESIDENTS ON JUNE 30, 1995	137	42	179
IN HOSPITAL	116	40	156
BMC/AREA HOSPITALS	0	0	0
ON LEAVE	0	0	0
ON PASS	21	2	23

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

PATRICK B. HARRIS PSYCHIATRIC HOSPITAL

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	84	73	157
IN HOSPITAL	84	72	156
BMC/AREA HOSPITALS	0	0	0
ON LEAVE	0	0	0
ON PASS	0	1	1
FIRST ADMISSIONS	651	602	1253
READMISSIONS	783	521	1304
TOTAL ADMISSIONS	1434	1123	2557
TRANSFERS IN	5	2	7
RETURNS FROM EFF	6	0	6
RETURNS FROM EFP	1	1	2
TOTAL RECEIVED	1446	1126	2572
EFF'S	9	0	9
EFP'S	1	1	2
ADMINISTRATIVE DISCHARGES	0	0	0
REGULAR DISCHARGES	1418	1122	2540
DEATHS	0	1	1
TRANSFERS OUT	31	18	49
TOTAL SEPARATED	1459	1142	2601
STATISTICAL DISCHARGES	2	1	3
AVERAGE DAILY CENSUS	83	66	149
AVG LOS (IN DAYS) OF ALL RELEASES	23.2	27.3	25.0
RESIDENTS ON JUNE 30, 1995	71	57	128
IN HOSPITAL	68	57	125
BMC/AREA HOSPITALS	1	0	1
ON LEAVE	0	0	0
ON PASS	2	0	2

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

EARLE E. MORRIS, JR. ALCOHOL AND DRUG TREATMENT CENTER

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	90	32	122
IN HOSPITAL	89	32	121
BMC/AREA HOSPITALS	1	0	1
ON LEAVE	0	0	0
ON PASS	0	0	0
FIRST ADMISSIONS	947	347	1294
READMISSIONS	824	278	1102
TOTAL ADMISSIONS	1771	625	2396
TRANSFERS IN	5	1	6
RETURNS FROM EFF	9	7	16
RETURNS FROM EFP	0	0	0
TOTAL RECEIVED	1785	633	2418
EFF'S	10	7	17
EFP'S	0	0	0
ADMINISTRATIVE DISCHARGES	23	2	25
REGULAR DISCHARGES	1706	612	2318
DEATHS	0	1	1
TRANSFERS OUT	49	6	55
TOTAL SEPARATED	1788	628	2416
STATISTICAL DISCHARGES	0	0	0
AVERAGE DAILY CENSUS	98	34	132
AVG LOS (IN DAYS) OF ALL RELEASES	20.3	19.7	20.2
RESIDENTS ON JUNE 30, 1995	87	37	124
IN HOSPITAL	87	37	124
BMC/AREA HOSPITALS	0	0	0
ON LEAVE	0	0	0
ON PASS	0	0	0

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

SOUTH CAROLINA STATE HOSPITAL

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	258	122	380
IN HOSPITAL	238	112	350
BMC/AREA HOSPITALS	1	0	1
ON LEAVE	0	0	0
ON PASS	19	10	29
FIRST ADMISSIONS	1	0	1
READMISSIONS	2	1	3
TOTAL ADMISSIONS	3	1	4
TRANSFERS IN	67	35	102
RETURNS FROM EFF	11	4	15
RETURNS FROM EFP	3	5	8
TOTAL RECEIVED	84	45	129
EFF'S	11	4	15
EFP'S	3	5	8
ADMINISTRATIVE DISCHARGES	0	0	0
REGULAR DISCHARGES	60	60	120
DEATHS	2	1	3
TRANSFERS OUT	71	20	91
TOTAL SEPARATED	147	90	237
STATISTICAL DISCHARGES	0	1	1
AVERAGE DAILY CENSUS	226	97	323
AVG LOS (IN DAYS) OF ALL RELEASES	721.2	629.8	686.6
RESIDENTS ON JUNE 30, 1995	195	77	272
IN HOSPITAL	184	67	251
BMC/AREA HOSPITALS	2	1	3
ON LEAVE	0	0	0
ON PASS	9	9	18

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

C. M. TUCKER, JR. HUMAN RESOURCES CENTER

FISCAL YEAR 1994-1995

TRANSACTIONS	MALE	FEMALE	TOTAL
RESIDENTS ON JULY 1, 1994	169	253	422
IN HOSPITAL	166	240	406
BMC/AREA HOSPITALS	3	9	12
ON LEAVE	0	0	0
ON PASS	0	4	4
FIRST ADMISSIONS	20	1	21
READMISSIONS	46	76	122
TOTAL ADMISSIONS	66	77	143
TRANSFERS IN	2	1	3
RETURNS FROM EFF	1	0	1
RETURNS FROM EFP	0	0	0
TOTAL RECEIVED	69	78	147
EFF'S	1	0	1
EFP'S	0	0	0
ADMINISTRATIVE DISCHARGES	0	0	0
REGULAR DISCHARGES	18	7	25
DEATHS	41	60	101
TRANSFERS OUT	0	1	1
TOTAL SEPARATED	60	68	128
STATISTICAL DISCHARGES	0	0	0
AVERAGE DAILY CENSUS	171	254	425
AVG LOS (IN DAYS) OF ALL RELEASES	937.8	1495.8	1236.6
RESIDENTS ON JUNE 30, 1995	178	263	441
IN HOSPITAL	170	256	426
BMC/AREA HOSPITALS	8	5	13
ON LEAVE	0	0	0
ON PASS	0	2	2

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24 Aug 1995

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
COMMUNITY MENTAL HEALTH SERVICES
FISCAL YEAR 1994-1995

REF: AR2MST00

CMHC	TOTAL ADMS	TOTAL DSGS	CLINICAL ACTIVE CASES ON 6-30-95	TOTAL NUMBER SERVED
AIKEN	2,627	2,423	2,117	5,355
CATAWBA	3,137	3,039	2,093	5,298
COLUMBIA AREA	4,970	4,678	4,352	9,446
LEXINGTON	2,520	1,967	1,827	4,283
AND-OCON-PICK	5,821	5,130	4,515	9,852
BECKMAN	3,313	3,419	2,568	6,326
GREENVILLE	2,486	2,031	2,676	4,917
PIEDMONT	1,660	1,660	1,460	3,271
SPARTANBURG	3,360	3,007	3,903	7,099
PEE DEE	2,469	2,137	2,170	4,472
SANTEE-WATEREE	3,019	2,387	3,793	6,569
TRI-COUNTY	1,306	889	1,293	2,262
WACCAMAW	3,319	1,892	3,512	5,474
BERKELEY	1,804	1,532	1,365	2,989
CHASTN/DORCHESTER	2,658	1,992	3,482	5,568
COASTAL EMPIRE	1,868	1,541	1,902	3,511
ORANGEBURG	1,803	1,643	2,146	3,800
TOTAL	48,140	41,367	45,174	90,492

$468.75	Total Printing Cost
285	Total Number of Units Printed
$1.64	Cost Per Unit

SC Dept of Mental Health